| Schedule E) | PAGE 1 OF 143 FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| | M - M / D - D / Y - Y - Y |
| Check if 24-hour report 48-hour report New report Amends report filed | |
| Full Name of Payee Luke T Waltermire | Date of Public Distribution/Dissemination |
| | 07 29 / 2014 |
| Mailing Address 107 S Grist Mill Rd | Amount |
| City State Zip Code | 27.00 |
| Hampstead NC 28443 | Transaction ID: 11d6a8e2-445a-4fd4-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary X General Other (specify) |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Luke T Waltermire | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 107 S Grist Mill Rd | Amount |
| City State Zip Code | 18.60 |
| Hampstead NC 28443 | Transaction ID : 26270b2f-9f22-49a7-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 |
| Name of Federal Candidate Support Office | ce Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought Dist 201 | oursement For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 45.60 |
| (a) COBTOTAL OF ROMEOU Macportation Exportation | 10.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 7 7 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Orginado | |

| Schedule E) | PAGE 2 OF 143 FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | / D = D / Y = Y = Y |
| Full Name of Payee James Kindstedt Date of Public | c Distribution/Dissemination |
| 07 | 29 / 2014 |
| Mailing Address 5510 Dogwood Dr Amount | |
| City State Zip Code | 30.00 |
| | ID: 246bdd2e-7266-4e53-a ursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 07 | / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Sought: | House District:00 |
| Me Kay Hagan | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (sp | Primary ☐ General |
| | ic Distribution/Dissemination |
| James Kindstedt | 29 / 2014 |
| Mailing Address 5510 Dogwood Dr Amount | |
| City State Zip Code | 6.69 |
| | D: 8e3a5d8a-7eec-46e8-9 ursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 07 | 29 / 2014 |
| Name of Federal Candidate Support Office Sought: | House District:00 |
| Ms. Kay Hagan | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (sp | Primary X General pecify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 36.69 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (b) 30BTOTAL OF OFFICE INDEPENDENT EXPENDITURES | 1 |
| (c) TOTAL Independent Expenditures | 1 1 7 1 1 7 1 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperat with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the represent committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 01 | 2014 |

| Schedule E) | PAGE 3 OF 143 FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report f | filed on |
| Full Name of Payee Joanna Kindstedt | Date of Public Distribution/Dissemination |
| Mailing Address 2134 Tobaccoville Rd | 07 29 2014 Amount |
| | |
| City State Zip Code Rural Hall NC 27045 | 30.00 Transaction ID : c87fb634-83f6-411b-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support O | Office Sought: House District:00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calcilidat Ical 10 Date | oldspring of the first order (specify) ☐ Other (specify) ☐ Ot |
| Full Name of Payee Virginia M Stevens | Date of Public Distribution/Dissemination |
| Mailing Address 1691 Fork Mtn Rd | 07 29 2014 Amount |
| City State Zip Code | 50.00 |
| Bakersville NC 28705 | Transaction ID : d61f0852-bb90-4333-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 29 7 2014 |
| Name of Federal Candidate Support C | Office Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| | Oisbursement For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 80.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

| Schedule E) | IN EXILIE | TIONES | | PAGE 4 OF 143 FOR SE OF FORM 24/48 |
|--|--------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Virginia M Stevens | | | M = M / | Distribution/Dissemination |
| Mailing Address 1691 Fork Mtn Rd | | | 07 Amount | 29 2014 |
| | | | | |
| City Bakersville | State NC | Zip Code 28705 | | 22.80 D: d5d39e3c-3d5d-403f-a rsement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbut | 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President > | |
| Calendar Year-To-Date Per Election for Office Sought | , , | 199725.07 | Disbursement For: 2014 Other (spe | Primary |
| Full Name of Payee Anthony Buchanan | | | M = M / | Distribution/Dissemination |
| Mailing Address 1090 McHone Rd | | | Amount | 29 2014 |
| City | State | Zip Code | | 70.00 |
| Spruce Pine | NC | 28777 | | : cf70a825-a0dd-42ce-a rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: 2014 Other (spe | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expendi | ures | | • | 92.80 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | • | |
| (c) TOTAL Independent Expenditures | | | • | 4 |
| | | | 4 | 114114 |
| Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or | idate or authorize | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 | 2014 |
| 5.g. (a.a.) | | | | |

| Sched | dule E) | I EXI EIID | | | | | PAGE 5 OF 143 FOR SE OF FORM 24/48 |
|---------|---|------------------|-------------------|----------|--------------------|-----------------------|---|
| | OF COMMITTEE (In Full) | | | | | FEC ID | DENTIFICATION NUMBER ▼ |
| Wom | nen Speak Out PAC | | | | | С | C00530766 |
| Check i | f 24-hour report X 48-hour report | New repo | ort Amer | nds repo | rt filed on | M = M / | D = D / Y = Y = Y |
| | Name of Payee ennie Butler | | | | | | c Distribution/Dissemination |
| | ling Address 1676 Shady Creek Rd | | | | — L | 07 | 29 2014 |
| | | | | | Amo | unt | |
| City | , | State | Zip Code | | | | 36.60 |
| | den | NC | 28513 | | | | ID: c1e1cb07-96b9-455f-a ursement or Obligation |
| | pose of Expenditure lary | | Category/ Type | 001 |] [| M M M 07 | 29 / 2014 |
| Nan | ne of Federal Candidate | | Su | pport | Office Soug | ht: | House District: 00 |
| Ms | . Kay Hagan | | | ppose | Presid | _ | Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 1 | 199725.07 | | Disburseme | nt For: Other (sp | Primary ⊠ General |
| | Name of Payee | | | | | | c Distribution/Dissemination |
| Je | ennie Butler | | | | | M M M | 29 2014 |
| Mai | iling Address 1676 Shady Creek Rd | | | | | | 20 2011 |
| | | | | | Amo | unt | |
| City | (| State | Zip Code | | \neg L | | 12.42 |
| | den | NC | 28513 | | Trans Date | action II of Disbu | D: 135d030f-948a-4fc7-b ursement or Obligation |
| | pose of Expenditure leage | | Category/ Type | 002 |] [| 07 | 29 2014 |
| Nar | me of Federal Candidate | | Su | ıpport | Office Soug | ht: | House District: 00 |
| Ms | . Kay Hagan | | X Op | opose | Presi | dent | Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | | Disburseme 2014 | nt For: Other (sp | Primary |
| | | | | | | | |
| (a) S | SUBTOTAL of Itemized Independent Expenditure | S | | | · • | | 49.02 |
| (b) S | SUBTOTAL of Unitemized Independent Expenditu | ures | | | · • [| | 1 1 7 1 1 7 1 |
| (c) T | TOTAL Independent Expenditures | | | | • | | |
| with, | er penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a | te or authorized | | | | | |
| _ | Ms. Emily Buchanan | [Electron | ically Filed] | Date | 08 / | 01 | 2014 |
| S | ignature | | | | | | |

| Schedule E) | | PAGE 6 OF 143 FOR SE OF FORM 24/48 |
|--|---------------------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report New report | Amends report filed on | M = M / D = D / Y = Y = Y = Y |
| Full Name of Payee Gabriella E Hansen | | of Public Distribution/Dissemination |
| Mailing Address 310 West Meath Drive | Amou | 07 29 2014 unt |
| | | |
| City State Zip Cod Winterville NC 28590 | Trans | 20.00 saction ID : 925b4f72-c84d-4238-a |
| Purpose of Expenditure Salary Category | | of Disbursement or Obligation 07 29 2014 |
| Name of Federal Candidate | Support Office Sough | ht: House District: 00 |
| Ms. Kay Hagan | Coppose Presid | Tiodeo Biotiloti |
| Calendar Year-To-Date Per Election for Office Sought | 7 Disbursemen 2014 | nt For: |
| Full Name of Payee David Ford | | of Public Distribution/Dissemination |
| Mailing Address 106 Hillside St | Amo | |
| City State Zip Cod | de | 47.50 |
| Spindale NC 28160 | Trans | action ID : f17d2613-d889-4a72-b of Disbursement or Obligation |
| Purpose of Expenditure Salary Category Ty | ory/ /pe 001 | 07 29 7 2014 |
| Name of Federal Candidate | Support Office Soug | ht: House District: 00 |
| Ms. Kay Hagan | Oppose Presid | |
| Calendar Year-To-Date Per Election for Office Sought | Disburseme 2014 | nt For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | ······ | 67.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | · · · · · · · · · · · · · · · · · · · | |
| Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committed party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan [Electronically File Signature | ed] Date 08 | 01 / 2014 |

| Schedule E) | INT EXILIND | 1101120 | | PAGE 7 OF 143 FOR SE OF FORM 24/48 |
|---|----------------------|-----------------------|-----------------|---|
| NAME OF COMMITTEE (In Full) | | | FE(| C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | |
| | | | | |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee David Ford | | | | ublic Distribution/Dissemination |
| | | | 07 | 29 2014 |
| Mailing Address 106 Hillside St | | | Amount | |
| City | State | Zip Code | | 5.94 |
| Spindale | NC | 28160 | | on ID: 3f6e7a62-3925-4e42-9 isbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of D | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement Fo | or: Primary |
| Full Name of Payee | | | | Public Distribution/Dissemination |
| Kassidy L Tyer | | | M = N | / / D D / Y D Y D Y |
| Mailing Address 41 Hawk Hollow Trail | | | 07 | 29 2014 |
| | | | Amount | |
| City | State | Zip Code | | 40.00 |
| Burgaw | NC | 28425 | | on ID: d8654634-4ed6-48d7-b Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement Fo | or: Primary X General r (specify) ▶ |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expendent | itures | | · • | 45.94 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | · • | 7 1 7 1 5 1 |
| (c) TOTAL Independent Expenditures | | | · | 7 |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan | [Electroi | nically Filed] Date | , M M / D | 01 2014 |
| Signature | | | | |

| , | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report | t filed on W M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Kassidy L Tyer | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 41 Hawk Hollow Trail | Amount |
| City State Zip Code | 15.30 |
| Burgaw NC 28425 | Transaction ID: b1ba29fd-1554-48ad-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 / 29 / 2014 |
| Name of Federal Candidate Support | Office Sought: House District:00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought 199725.07 | Disbursement For: Primary |
| Full Name of Payee | |
| Casey Stockton | Date of Public Distribution/Dissemination 07 29 2014 |
| Mailing Address 105 South Dale St | Amount |
| City State Zip Code | 70.00 |
| Spruce Pine NC 28777 | Transaction ID : ff1eb515-6280-416f-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 29 2014 |
| Name of Federal Candidate Support | Office Sought: House District:00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought 199725.07 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 85.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | • |
| Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 08 01 2014 |
| Signature | |

PAGE

OF

| Schedule E) | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| | 0 00030700 |
| Check if 24-hour report 48-hour report New report Amends report filed | d on Mam / Dad / Yayayay |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Casey Stockton | 07 29 2014 |
| Mailing Address 105 South Dale St | Amount |
| City State Zip Code | 27.30 |
| Spruce Pine NC 28777 | Transaction ID : b022aa73-8bf5-4cf7-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 29 / 2014 |
| | ee Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought Dist. 2014 | ursement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Mary Johnson | 07 |
| Mailing Address 105 South Dale St | Amount |
| City State Zip Code | 70.00 |
| Spruce Pine NC 28777 | Transaction ID : 95686d01-8150-41d0-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 29 / 2014 |
| Name of Federal Candidate Support Office | ce Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disk 201 | oursement For: Primary X General Other (specify) ▶ |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 97.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

| | Tieddie E/ | FOR SE OF FORM 24/48 |
|-----|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed | on Mam / Dab / Yayayay |
| Т | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Mary Johnson | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 105 South Dale St | Amount |
| ŀ | City State Zip Code | 70.00 |
| | Spruce Pine NC 28777 | Transaction ID: c8da9891-c698-44e3-a Date of Disbursement or Obligation |
| Ī | Purpose of Expenditure Salary Category/ Type 001 | 07 |
| f | Name of Federal Candidate Support Office | e Sought: House District:00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 199725.07 | ursement For: Primary General |
| ŀ | | Other (specify) |
| | Full Name of Payee Matt Gleb | Date of Public Distribution/Dissemination |
| - | Mailing Address 3815 Robin Road | 07 29 2014 Amount |
| - | City State Zip Code | 30.00 |
| | Ayden NC 28513 | Transaction ID : 1bc46b4a-dc63-47fa-8 Date of Disbursement or Obligation |
| ľ | Purpose of Expenditure Salary Category/ Type 001 | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ŀ | Name of Federal Candidate Support Office | e Sought: House District:00 |
| | M 1/2 11 | President State: NC |
| | | ursement For: Primary |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 100.00 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| (c) TOTAL Independent Expenditures | |
| ٧ | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | (77) | 01 2014 |
| | Signature | |
| _ | | |

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OF

| | | | FOR SE OF FORM 24/48 |
|-------|---|-----------|--|
| | OF COMMITTEE (In Full) | FE | EC IDENTIFICATION NUMBER ▼ |
| vvo | men Speak Out PAC | | C00530766 |
| Check | x if 24-hour report X 48-hour report New report Amends report filed | d on | M / D = D / Y = Y = Y |
| | Il Name of Payee | Date of | Public Distribution/Dissemination |
| | Matt Gleb | M 07 | |
| M | ailing Address 3815 Robin Road | Amount | |
| С | ity State Zip Code | L | 15.90 |
| | Ayden NC 28513 | | tion ID : 9fec8a4f-7dd2-46ae-a Disbursement or Obligation |
| | urpose of Expenditure Mileage Category/ Type 002 | M 07 | M / D D / Y Y Y Y |
| N | ame of Federal Candidate Support Offic | e Sought: | House District:00 |
| N | ns. Kay Hagan Oppose | President | Senate State: NC |
| ı | Calendar Year-To-Date Per Election for Office Sought Disb. 2014 | | For: Primary X General er (specify) ▶ |
| - | ull Name of Payee | | |
| | Malinda Ledford | | Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| N | lailing Address 44 Bell Street Ext | Amount | 23 2014 |
| С | ity State Zip Code | | 50.00 |
| 5 | Spruce Pine NC 28777 | | ion ID : 5bfb2469-143a-49de-9 Disbursement or Obligation |
| | urpose of Expenditure Salary Category/ Type 001 | M 07 | M / D D / Y Y Y Y |
| N | ame of Federal Candidate Support Office | e Sought: | House District: 00 |
| ٨ | As. Kay Hagan Oppose | President | t Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disk 201 | | For: Primary |
| (a) | SUBTOTAL of Itemized Independent Expenditures | | 65.90 |
| (b) | SUBTOTAL of Unitemized Independent Expenditures | | 7 1 7 1 1 7 1 |
| (c) | TOTAL Independent Expenditures | | 7 1 7 1 7 |
| witl | der penalty of perjury I certify that the independent expenditures reported herein were not men, or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent. | | |
| | Ms. Emily Buchanan [Electronically Filed] Date | D8 / E | 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | | |

PAGE

OF

| Schedule E) | IVI EXI END | TIONES | - | PAGE 12 OF 143 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|------------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | Cc | 00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Malinda Ledford | | | | Distribution/Dissemination |
| Mailing Address 44 Bell Street Ext | | | 07 | 29 / 2014 |
| 44 Boll Officer Ext | | | Amount | |
| City | State | Zip Code | | 25.20 |
| Spruce Pine | NC | 28777 | | : b08080cf-75ac-4b5c-9 sement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: 2014 Other (spec | Primary |
| Full Name of Payee Allie Butler | | | Date of Public | Distribution/Dissemination |
| | | | 07 | 29 / 2014 |
| Mailing Address 1676 Shady Creek Rd | | | Amount | |
| City | State | Zip Code | | 35.00 |
| Ayden | NC | 28513 | | : 430ca7c5-f435-4c8e-9 sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: 2014 Other (spe | Primary |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | · | 60.20 |
| (b) CURTOTAL of Uniterpized Independent Evene | dituro | | 1 1 1 | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expen | aitures | | • | 7 |
| (c) TOTAL Independent Expenditures | | | > | 4 |
| Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it | date or authorize | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 | 2014 |
| | | | | |

| Schedule E) | INT EXICITE | TI OTILO | PAGE 13 OF 143 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Allie Butler | | | 07 29 / 2014 |
| Mailing Address 1676 Shady Creek Rd | | | Amount |
| City | State | Zip Code | 7.53 |
| Ayden | NC | 28513 | Transaction ID : 9c8a2d4c-10f6-434c-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | X Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | · | | Date of Public Distribution/Dissemination |
| Jennie Butler | | | 07 29 2014 |
| Mailing Address 1676 Shady Creek Rd | | | Amount |
| City | State | Zip Code | 10.00 |
| Ayden | NC | 28513 | Transaction ID : acb8493f-18d6-49ac-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendent | tures | | 17.53 |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • |
| (c) TOTAL Independent Expenditures | | | > |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| • | | | |

| Women Speak Out PAC C C00530766 | | cuile E) | FOR SE OF FORM 24/48 |
|--|------|--|--|
| Check if | | | FEC IDENTIFICATION NUMBER ▼ |
| Full Name of Payee Emily Butler Name of Federal Candidate Mailing Address 1676 Shady Creek Rd NC 28513 Name of Federal Candidate Ms. Kay Hagan Purpose of Expenditure Mailing Address 1676 Shady Creek Rd City State Zip Code Ms. Kay Hagan NC 28513 Name of Federal Candidate Ms. Kay Hagan City State Zip Code Ms. Kay Hagan NC 28513 Date of Disbursement or Obligation Transaction ID: 4661633/4716-4463-8 Date of Disbursement For: Dotale President Senate State: NC Date of Power President Senate State: NC Date of Power President Senate State: NC Calendar Year-To-Date Purpose of Expenditure Milling Address 1676 Shady Creek Rd City State Zip Code Ms. Kay Hagan Calegony NC 28613 Transaction ID: 4696db76-9481-4ecc-b Date of Public Distribution/Dissemination Transaction ID: 4696d | VVC | omen Speak Out PAC | C C00530766 |
| Emily Butler Mailing Address 1676 Shady Creek Rd City State Zip Code Ayden NC 28513 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Periliption NC 28513 Full Name of Payee Emily Butler City State Zip Code President Senate State: NC Calendar Year-To-Date Purpose of Expenditure Mailing Address 1676 Shady Creek Rd City State Zip Code NC 28513 Date of Public Distribution/Dissemination Transaction ID : 46d1d837 42id-4163-8 Date of Disbursement or Citigation Transaction ID : 46d1d837 42id-4163-8 Date of Disbursement or Citigation Transaction ID : 46d1d837 42id-4163-8 Date of Disbursement or Citigation Transaction ID : 46d1d837 42id-4163-8 Date of Disbursement or Citigation Transaction ID : 48d1d837 42id-4163-8 Date of Disbursement For: Primary Senate State: NC Disbursement For: Primary Senate State: NC Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Transaction ID : 48d1d837 42id-4163-8 Date of Public Distribution/Dissemination Tr | Chec | ck if 24-hour report X 48-hour report New report Amends report file | d on |
| Mailing Address 1876 Shady Creek Rd City State Zip Code NC 28513 Purpose of Expenditure Salary Oppose President Senate State: NC Obsursement or Obligation Mailing Address 1876 Shady Creek Rd Name of Federal Candidate Sought 199725.07 Full Name of Payee Emily Butler Mailing Address 1676 Shady Creek Rd City State Zip Code NC 28513 Purpose of Expenditure Sunday State: NC Obsursement For: Primary General President State: NC Obsursement For: Primary General Oppose Oppos | | | Date of Public Distribution/Dissemination |
| City State Zip Code Ayden NC 28513 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Mailing Address 1676 Shady Creek Rd City State Zip Code NC 28513 Disbursement or Obligation Office Sought: House District: 00 President X Senate State: NC Disbursement For: Primary General Per Election for Office Sought Mailing Address 1676 Shady Creek Rd City State Zip Code NC 28513 Transaction ID: 485db76-9a4b-4ec-b Date of Public Distribution/Dissemination Transaction ID: 4896db76-9a4b-4ec-b Date of Disbursement or Obligation Transaction ID: 4896db76-9a4b-4ec-b Date of Disbursement For: Primary Date of Disbursement or Obligation Transaction ID: 4896db76-9a4b-4ec-b Dat | | Emily Butler | |
| Ayden NC 28513 Furpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Caledar Year-To-Date Purpose of Expenditure Salary Full Name of Payee Emily Butler Amount City State Purpose of Expenditure Mileage NC 28513 Transaction ID : 46d1d837.42id-4163-8 Date of Disbursement or Obligation President Senate State: NC Disbursement For: Primary & General Port Election for Office Sought Full Name of Payee Emily Butler Amount City State Purpose of Expenditure Mileage NC 28513 Transaction ID : 4886tb76-9a4b-4ecc-b Date of Public Distribution/Dissemination "07" 29" 2014 Amount Category/ Type O02 Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Support Name of Federal Candidate Name of Fed | N | Mailing Address 1676 Shady Creek Rd | Amount |
| Ayden NC 28513 Furpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Caledar Year-To-Date Purpose of Expenditure Salary Full Name of Payee Emily Butler Amount City State Purpose of Expenditure Mileage NC 28513 Transaction ID : 46d1d837.42id-4163-8 Date of Disbursement or Obligation President Senate State: NC Disbursement For: Primary & General Port Election for Office Sought Full Name of Payee Emily Butler Amount City State Purpose of Expenditure Mileage NC 28513 Transaction ID : 4886tb76-9a4b-4ecc-b Date of Public Distribution/Dissemination "07" 29" 2014 Amount Category/ Type O02 Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Support Name of Federal Candidate Name of Fed | | City State Zin Code | 36 60 |
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| Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Emily Butler City State Ayden NC 28513 Name of Federal Candidate Mileage NC Category/ Mileage Calendar Year-To-Date Purpose of Expenditure Mileage NC Category/ Mileage Calendar Year-To-Date Purpose of Expenditure Mileage NC Category/ Mileage Office Sought: House District: 00 Mileage President Sadate. NC Date of Public Distribution/Dissemination Transaction ID : 4896db76-9a4b-4ecc-b Date of Disbursement or Obligation Moral Category/ Date of Public Distribution/Dissemination Transaction ID : 4896db76-9a4b-4ecc-b Date of Disbursement or Obligation Moral Category/ Date of Public Distribution/Dissemination Transaction ID : 4896db76-9a4b-4ecc-b Date of Disbu | | Salany Odlegory/ | M M / D D / Y Y Y Y |
| Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought President Senate State: NC Disbursement For: Primary General 2014 Other (specify) ▶ Full Name of Payee Emily Butler Mailing Address 1676 Shady Creek Rd City State Zip Code Ayden NC 28513 Purpose of Expenditure Mileage NC 28513 Transaction ID : 4896db76-9a4b-4ecc-b Date of Disbursement or Obligation Name of Federal Candidate Ns. Kay Hagan Name of Federal Candidate Ns. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Tensident Senate State: NC Disbursement For: Primary Category Type 002 Name of Federal Candidate Ns. Kay Hagan No Oppose Calendar Year-To-Date Per Election for Office Sought Tensident Senate State: NC Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Tensident Senate State: NC Disbursement For: Primary General Cother (specify) Under (specify) Total Independent Expenditures | 1 | Name of Federal Candidate Support Office | ce Sought: House District: 00 |
| Per Election for Office Sought Full Name of Payee Emily Butler Mailing Address 1676 Shady Creek Rd City State Zip Code Ayden NC 28513 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID : 4996db76-944b-4ecc-b Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Date of Disbursement or Obligation Transaction ID : 4996db76-944b-4ecc-b Date of Da | | Ma Kau Hana | |
| Full Name of Payee Emily Butler Mailing Address 1676 Shady Creek Rd City State Zip Code Ayden NC 28513 Purpose of Expenditure Mileage Category/ Ifype 002 Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought Ayden Support Mileage Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the following part of Public Distribution/Dissemination Date of Public Distribution/Dissemination To 7 29 2014 Amount Transaction ID: 4896db76-9a4b-4ecc-b Date of Disbursement or Obligation Transaction ID: | | 400705.07 | 4 |
| Emily Butler Mailing Address 1676 Shady Creek Rd City State Zip Code Ayden NC 28513 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support State State: NC Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 199725.07 Calendar Year-To-Date Per Election for Office Sought 199725.07 (a) SUBTOTAL of Itemized Independent Expenditures | _ | Total Electron for Chief Codg.ix | Other (specify) - |
| Mailing Address 1676 Shady Creek Rd Amount | | | M = M / D = D / Y = Y = Y |
| Ayden NC 28513 Transaction ID: 4896db76-9a4b-4ecc-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought Transaction ID: 4896db76-9a4b-4ecc-b Date of Disbursement or Obligation Office Sought: House District: O0 President Senate State: NC Disbursement For: Primary General Other (specify) Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O8 O7 29 Y 2014 OH OTHER SPORTS SAME SAME SAME SAME SAME SAME SAME SAM | 1 | Mailing Address 1676 Shady Creek Rd | |
| Ayden NC 28513 Transaction ID: 4896db76-9a4b-4ecc-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought Transaction ID: 4896db76-9a4b-4ecc-b Date of Disbursement or Obligation Office Sought: House District: O0 President Senate State: NC Disbursement For: Primary General Other (specify) Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O8 O7 29 Y 2014 OH OTHER SPORTS SAME SAME SAME SAME SAME SAME SAME SAM | | Dity State Zip Code | 7.53 |
| Purpose of Expenditure Mileage Category/ Type 002 07 29 2014 | | | Transaction ID : 4896db76-9a4b-4ecc-b Date of Disbursement or Obligation |
| Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC | | Mileage Calegory/ 002 | M M / D D / Y Y Y Y |
| Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | 1 | Name of Federal Candidate Support Office | ce Sought: House District: 00 |
| Per Election for Office Sought 199725.07 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | | Ms. Kay Hagan Oppose | President State: NC |
| (c) TOTAL Independent Expenditures | | 201 | 4 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date Date | (a |) SUBTOTAL of Itemized Independent Expenditures | 44.13 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date | (b |) SUBTOTAL of Unitemized Independent Expenditures | |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date | (с |) TOTAL Independent Expenditures | |
| [Electronically Filed] Date 08 01 2014 | wi | th, or at the request or suggestion of, any candidate or authorized committee or agent of eith | |
| | | [E1] - 4 | |
| | | 2 4.13 | |

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OF

| Schedule E) | INT EXI END | ATOTILO | PAGE 15 OF FOR SE OF FORM 24/ | 143 48 |
|---|--------------------|-----------------------|--|-----------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBE | R▼ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on | Y |
| Full Name of Payee | | | Date of Public Distribution/Disseminat | ion |
| Antoinette Franklin | | | 07 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y |
| Mailing Address 8822 Apple St | | | Amount | |
| City | State | Zip Code | 45 | .00 |
| New Orleans | LA | 70188 | Transaction ID: d54baa0f-7db0-4f0b Date of Disbursement or Obligation | -9 |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Name of Federal Candidate | | Support | Office Sought: House District: | 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: | LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: Primary | neral |
| Full Name of Payee | | | Date of Public Distribution/Disseminat | tion |
| Brittany Jones | | | 07 29 2014 | |
| Mailing Address 338 Wayne Drive | | | Amount | |
| City | State | Zip Code | 10.0 | 00 |
| Shreveport | LA | 71105 | Transaction ID : fe5616a4-fe26-490e-l Date of Disbursement or Obligation | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 D D 7 29 2014 | Y |
| Name of Federal Candidate | | Support | Office Sought: House District: | 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: | LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: Primary | eneral |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | . ▶ 55.00 | - |
| (b) SUBTOTAL of Unitemized Independent Expen | ditures | | | Ħ |
| (,, | | | 45 45 45 | |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i | idate or authorize | | | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 01 2014 | |
| | | | | |

| Sche | edule E) | EXI EIID | 101120 | | PAGE 16 OF 143 FOR SE OF FORM 24/48 |
|-------|---|-----------------|-----------------------|---------------------|--|
| | OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Wo | men Speak Out PAC | | | | C C00530766 |
| | \(\sqrt{1} \) | | | | M |
| Check | | New repo | ort Amends repo | ort filed on | |
| | ull Name of Payee Brittany Jones | | | | of Public Distribution/Dissemination |
| M | ailing Address 338 Wayne Drive | | | Amou | |
| Ci | itv | State | Zip Code | | 1.80 |
| | Shreveport | LA | 71105 | | saction ID: 2532d3f0-2607-4fde-9 of Disbursement or Obligation |
| | urpose of Expenditure fileage | | Category/ Type 002 | | 07 29 2014 |
| Na | ame of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| M | ls. Mary L Landrieu | | X Oppose | Preside | ent State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursemen 2014 | nt For: |
| | ull Name of Payee | | | Date | of Public Distribution/Dissemination |
| | Morgan R Padgett | | | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| М | lailing Address 2164 Kay Rd | | | | |
| | | | | Amou | ınt |
| С | ity | State | Zip Code | | 20.00 |
| | Greenville | NC | 27858 | Transa Date | action ID: 25e3c9ea-48f5-48aa-a of Disbursement or Obligation |
| | urpose of Expenditure Salary | | Category/ Type 001 | | 07 29 2014 |
| N | ame of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| M | 1s. Kay Hagan | | X Oppose | Presid | ent Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | y y | 199725.07 | Disbursemer 2014 | nt For: |
| | | | | | |
| (a) | SUBTOTAL of Itemized Independent Expenditures | S | | • • | 21.80 |
| (b) | SUBTOTAL of Unitemized Independent Expenditu | ıres | | · • | |
| (c) | TOTAL Independent Expenditures | | | • | 7 |
| with | der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate ty committee) any political party committee or its a | e or authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | 9 08 | 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | | | | |

| 07 29 20 | MBER ▼ |
|--|-------------|
| Check if 24-hour report | |
| Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Morgan R Padgett Mailing Address 2164 Kay Rd City State Zip Code Greenville NC 27858 Transaction ID: 2b3bf0ff-3216-4-4- | |
| Morgan R Padgett Mailing Address 2164 Kay Rd City State Zip Code Greenville NC 27858 Transaction ID: 2b3bf0ff-3216-4-4- | YYY |
| Mailing Address 2164 Kay Rd | ination |
| City State Zip Code Greenville NC 27858 Transaction ID : 2b3bf0ff-3216-4- | 014 Y |
| Greenville NC 27858 Transaction ID : 2b3bf0ff-3216-4 | |
| Greenville NC 27858 Transaction ID : 2b3bf0ff-3216-4 | 7.20 |
| Date of Disbursement or Obligation | 4bd-a |
| Purpose of Expenditure Category/ | 014 |
| Name of Federal Candidate Support Office Sought: House District: | . 00 |
| Ms. Kay Hagan Ms. Kay Hagan President State: | NC |
| Per Election for Office Sought 199725.07 2014 | General |
| Other (specify) - | |
| | Y |
| Mailing Address 148 Pratt Road Amount | 014 |
| City State Zip Code | 25.00 |
| Eden NC 27288 Transaction ID : dbaf98ca-8a3e-4 Date of Disbursement or Obligation | 6ae-8 |
| Purpose of Expenditure Category/ Cat | 014 Y |
| Name of Federal Candidate Support Office Sought: House District | :00 |
| Ms. Kay Hagan | : <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2014 Other (specify) ▶ | General |
| (a) SUBTOTAL of Itemized Independent Expenditures | 2.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 01 2014 | 1 |
| Signature | 1 |

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OF

| Schedule E) | ENT EXTEND | TIONES | PAGE 18 OF 143 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jonathan Bowman | | | 07 29 7 2014 |
| Mailing Address 148 Pratt Road | | | Amount |
| City | State | Zip Code | 3.90 |
| Eden | NC | 27288 | Transaction ID : edd24ae9-bd67-4166-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Solveig Lysne | | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 7121 Oyster Lane | | | Amount |
| City | State | Zip Code | 24.30 |
| Wilmington | NC | 28411 | Transaction ID : 8aafe854-4cca-426e-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expendent | litures | | 28.20 |
| //s) CURTOTAL of Unitersized Index and art Fun | | | |
| (b) SUBTOTAL of Unitemized Independent Expo | enaltures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 |
| | | | |

| Schedule E) | | PAGE 19 OF 143 FOR SE OF FORM 24/48 |
|--|---|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Object is a superior of the su | | M M M / D D / Y Y Y Y Y |
| Check if 24-hour report X 48-hour report New r | eport Amends report f | nied on |
| Full Name of Payee Solveig Lysne | | Date of Public Distribution/Dissemination 07 07 29 07 2014 |
| Mailing Address 7121 Oyster Lane | | Amount |
| City State | Zip Code | 3.18 |
| Wilmington NC | 28411 | Transaction ID : 38ffb0d6-6551-4fbe-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 07 |
| Name of Federal Candidate | Support O | Office Sought: House District: 00 |
| Ms. Kay Hagan | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | olsbursement For: |
| Full Name of Payee Ms. Chassidy Menard | | Date of Public Distribution/Dissemination |
| | | 07 29 2014 |
| Mailing Address 515 Walter Dr. | | Amount |
| City State | Zip Code | 65.00 |
| Lafayette LA | 70507 | Transaction ID : 9c582242-9bb3-4d98-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 07 / 29 / Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support C | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary |
| () QUETOTAL () | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | ••••••••••••••••••••••••••••••••••••••• | 68.18 |
| (b) SUBTOTAL of Unitemized Independent Expenditures |) | |
| (c) TOTAL Independent Expenditures |) | |
| Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan [Electr | conically Filed] Date | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | |

| Sched | lule E) | I EXI EIID | 101120 | | | | PAGE 20 OF 143 FOR SE OF FORM 24/48 |
|---------|--|------------------|-------------------|-----------|-------------------|-------------------------------------|--|
| | OF COMMITTEE (In Full) | | | | | FEC ID | DENTIFICATION NUMBER ▼ |
| Wom | nen Speak Out PAC | | | | | | C00530766 |
| Check i | f 24-hour report X 48-hour report | New repo | ort Ame | ends repo | ort filed on | M = M / | D = D / Y = Y = Y |
| Full | Name of Payee | | | | Da | to of Public | c Distribution/Dissemination |
| M | s. Chassidy Menard | | | | | 07 O7 | 29 2014 |
| Mai | ling Address 515 Walter Dr. | | | | Am | nount | |
| City | , | State | Zip Code | | | | 6.60 |
| Laf | fayette | LA | 70507 | | | | ID: 9d350226-94c4-4e33-b ursement or Obligation |
| | pose of Expenditure eage | | Category/ Type | 002 | | 07 | 29 / 2014 |
| Nan | ne of Federal Candidate | | s | Support | Office Sou | ıaht; | House District: 00 |
| Ms | . Mary L Landrieu | | |)ppose | | _ | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | , , , | 79182.49 | | Disbursen 2014 | nent For: Other (sp | Primary |
| | Name of Payee | | | | Da | te of Publi | c Distribution/Dissemination |
| Ba | arbara E Spritz | | | | | M = M | / D D / Y Y Y Y Y |
| | ling Address 3346 Durham St Ext | | | | | 07 | 29 2014 |
| | 3340 Duillaili St LXt | | | | An | nount | |
| City | 1 | State | Zip Code | | | | 65.00 |
| | rlington | NC | 27217 | | Tra Da | nsaction Í I ite of Disbu | D: bb35df9c-6512-4621-b ursement or Obligation |
| | pose of Expenditure lary | | Category/ Type | 001 | | 07 | 29 / 2014 |
| Nar | ne of Federal Candidate | | | Support | Office So | ught: | House District: 00 |
| Ms | . Kay Hagan | | | Oppose | Pre | sident | Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | | Disburser 2014 | nent For: Other (sp | Primary X General Decify) ▶ |
| | | | | | | | |
| (a) S | SUBTOTAL of Itemized Independent Expenditure | ·S | | | . • | | 71.60 |
| (b) S | SUBTOTAL of Unitemized Independent Expendit | ures | | | . • | | 7 |
| (c) 1 | TOTAL Independent Expenditures | | | | • | | 1 1 2 1 1 2 1 |
| with, | er penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its | te or authorized | | | | | |
| _ | Ms. Emily Buchanan | [Electron | ically Filed] | Date | M M M | / 01 | 2014 |
| S | ignature | | _ | | | | |

| Schedule E) | LIVI EXI LIVE | TIONES | PAGE 21 OF 143 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee Barbara E Spritz | | | Date of Public Distribution/Dissemination |
| Mailing Address 3346 Durham St Ext | | | 07 29 7 2014 |
| 00.10 2 41.114.11 01.214 | | | Amount |
| City | State | Zip Code | 3.30 |
| Burlington | NC | 27217 | Transaction ID: 91869e97-153e-4441-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 / 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 199725.07 | Disbursement For: Primary Genera 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Christopher L Grau | | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2328 Caplis Sligo Rd | | | Amount |
| City | State | Zip Code | 40.00 |
| Bossier City | LA | 71112 | Transaction ID: 8104be6f-8370-45ff-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / 29 / Y 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | 43.30 |
| | | | |
| (b) SUBTOTAL of Unitermized Independent Exp | enditures | |) |
| (c) TOTAL Independent Expenditures | | | • |
| | ndidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 / 2014 |
| Signature | | | |

| Schedule E) | INDEFENDENT EXP | LINDITOTIL | 3 | | PAGE 22 OF 143 FOR SE OF FORM 24/48 |
|---|--------------------------------|--------------------|-----------------|--------------------|--|
| NAME OF COMMITTEE (In Full) | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PA | C | | | | C C00530766 |
| Check if 24-hour report | 48-hour report | New report | Amends repo | | M = M / D = D / Y = Y = Y |
| Full Name of Payee Christopher L Grau | | | | Date | e of Public Distribution/Dissemination |
| Mailing Address 2328 Caplis S | Sligo Rd | | | Amo | 07 29 2014 |
| | | | | | |
| City Bossier City | State LA | Zip Coo 71112 | le | | 13.50 nsaction ID: bdeb9a52-d005-4c43-9 e of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Categ T | ory/ ype 002 | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | | Support | Office Soug | ght: House District: 00 |
| Ms. Mary L Landrieu | | | Oppose | Presi | |
| Calendar Year-To-Date Per Election for Office So | ught | 79182.4 | 9 | Disburseme 2014 | ent For: |
| Full Name of Payee | <u> </u> | | | Date | e of Public Distribution/Dissemination |
| Felice Barrett | | | | | 07 29 / 2014 |
| Mailing Address 1588 Asbu | ry | | | Amo | ount |
| City | State | Zip Co | de | | 20.00 |
| Springdale | AR | 72762 | | | saction ID: 5b01ab6b-a139-4385-9 e of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Categ | ory/ ype 001 | | 07 29 / 2014 |
| Name of Federal Candidate | | | Support | Office Sou | ght: House District: 00 |
| Mr. Mark L Pryor | | | O ppose | Presi | ident X Senate State: AR |
| Calendar Year-To-Date Per Election for Office So | pught | 472 | 95.88 | Disburseme 2014 | ent For: |
| | = | | | | |
| (a) SUBTOTAL of Itemized Ind | ependent Expenditures | | | ▶ | 33.50 |
| (b) SUBTOTAL of Unitemized I | ndependent Expenditures | | | ··· \ | |
| (c) TOTAL Independent Expendent | ditures | | | · · · | 7 |
| | estion of, any candidate or au | | | | cooperation, consultation, or concert if the reporting entity is not a political |
| Ms. Emily Buchanan | | Electronically Fil | ed] Date | e 08 | 01 2014 |
| | | | | | |

| Schedule E) | IVI EXI EIVE | ATTOTILES | PAGE 23 OF 143 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on |
| Full Name of Payee Felice Barrett | | | Date of Public Distribution/Dissemination |
| Mailing Address 1588 Asbury | | | 07 / 29 / 2014 |
| 1566 Asbury | | | Amount |
| City | State | Zip Code | 8.70 |
| Springdale | AR | 72762 | Transaction ID : f293bb74-4a09-44f5-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 29 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 47295.88 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Mr. Alex Peyton | | | 07 29 2014 |
| Mailing Address 859 Hicks Rd | | | Amount |
| City | State | Zip Code | 50.00 |
| Washington | LA | 70589 | Transaction ID : ddc27af8-a275-4cad-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | . ▶ 58.70 |
| (b) SUBTOTAL of Unitemized Independent Expen- | ditures | | |
| (,) | | | 4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1 |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it | date or authorize | | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 01 7 2014 |
| - | | | |

| Schedule E) | I EXI END | ITOTIES | | PAGE 24 OF 143 FOR SE OF FORM 24/48 |
|---|------------------|-----------------------|---------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Publi | c Distribution/Dissemination |
| Mr. Alex Peyton | | | 07 | / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 859 Hicks Rd | | | Amount | |
| City | State | Zip Code | | 34.50 |
| Washington | LA | 70589 | | ID: a66c5c29-c8ef-4b89-8 ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 07 | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 79182.49 | Disbursement For: 2014 Other (s | Primary |
| Full Name of Payee | | | Date of Publ | ic Distribution/Dissemination |
| John Voholetz | | | 07 | 29 / 2014 |
| Mailing Address 718 N MacMillan Avenue | | | Amount | |
| City | State | Zip Code | | 70.00 |
| Wilmington | NC | 28803 | | D: 3697c862-7cd5-4f04-a ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | ^M 07 | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 199725.07 | Disbursement For: 2014 Other (s | Primary X General pecify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditure | 9S | | | 104.50 |
| (b) SUBTOTAL of Uniternized Independent Expendit | ures | | | |
| , , , , , , , , , , , , , , , , , , , | | | | 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 4 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | te or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 08 / 01 | 2014 |
| 3 | | | | |

| | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | ate of Public Distribution/Dissemination |
| John Voholetz | 07 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 718 N MacMillan Avenue An | nount |
| City State Zip Code | 4.50 |
| Wilmington NC 28803 Tra | ansaction ID: f8c35fa4-596f-4c23-8 ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 29 / 2014 |
| Name of Federal Candidate Support Office So | ought: House District:00 |
| Mc Kay Hagan | esident Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disburser 2014 | ment For: |
| Full Name of Payee Theresa A Touchet | ate of Public Distribution/Dissemination |
| Mailing Address 102 French Street #3 | 07 29 2014 mount |
| City State Zip Code | 22.50 |
| New Orleans NC 70124 Tra | insaction ID: 979b9567-d90e-4a84-a ate of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 |
| Name of Federal Candidate Support Office So | ought: House District: 00 |
| | esident X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disburser 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 27.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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OF

| Schedule E) | PAGE 26 OF 143 FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M / D = D / Y = Y = Y |
| Theresa A Touchet | |
| Mailing Address 102 French Street #3 Amount | 29 2014 |
| | 4.00 |
| | 1.20 ction ID : 6ad8bd09-b196-42f3-a Disbursement or Obligation |
| Purpose of Expenditure Category/ | |
| Name of Federal Candidate Support Office Sought: | House District: 00 |
| Ms. Mary L Landrieu Presiden | |
| Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth | For: |
| Caleb Craig | Public Distribution/Dissemination |
| Mailing Address 1410 Bushville drive Amount | 07 29 2014 t |
| City State Zip Code | 100.00 |
| Lenoir NC 28645 Transact | tion ID : 7b6bf0ab-6b95-422b-9 Disbursement or Obligation |
| | 17 29 Y 2014 |
| Name of Federal Candidate Support Office Sought: | House District: 00 |
| Ms. Kay Hagan Presider | |
| Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth | For: Primary X General ner (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditures | 101.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 7 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in co- with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date Signature | 01 / 2014 |

| , | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report file | ed on Mam / Dab / Yayayay |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Caleb Craig | 07 29 2014 |
| Mailing Address 1410 Bushville drive | Amount |
| City State Zip Code | 9.90 |
| Lenoir NC 28645 | Transaction ID : f8bcb735-a68a-4bbc-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 29 2014 |
| Name of Federal Candidate Support Offic | ce Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disl 201 | bursement For: Primary General Other (specify) ▶ |
| Full Name of Payee | |
| Brian Saltzler | Date of Public Distribution/Dissemination 07 29 2014 |
| Mailing Address 601 S College Road | Amount |
| City State Zip Code | 37.50 |
| Wilmington NC 28403 | Transaction ID : 00f71827-6183-4da3-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 29 / 2014 |
| Name of Federal Candidate Support Offi | ce Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Dis 201 | bursement For: Primary General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 47.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 1 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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OF

| Schedule E) | DENT EXICITE | TIONES | PAGE 28 OF 143 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | t New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Brian Saltzler | | | 07 |
| Mailing Address 601 S College Road | | | Amount |
| City | State | Zip Code | 3.60 |
| Wilmington | NC | 28403 | Transaction ID: 6b79b5f0-ef8c-48eb-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 29 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 199725.07 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Peter Sahuc | | | 07 |
| Mailing Address 107 Phillip Ave | | | Amount |
| City | State | Zip Code | 30.00 |
| Lafayette | LA | 70503 | Transaction ID: f0924ab5-5659-4e28-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 29 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: Primary General General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expe | nditures | | 33.60 |
| (b) SUBTOTAL of Unitemized Independent Ex | penditures | | |
| , | | | 7 7 7 |
| (c) TOTAL Independent Expenditures | | | > |
| | andidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| • | | | |

| | medule L) | FOR SE OF FORM 24/48 |
|----|---|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Peter Sahuc | 07 |
| | Mailing Address 107 Phillip Ave | Amount |
| | City State Zip Code | 1.14 |
| | Lafayette LA 70503 | Transaction ID : 6d99f96d-0644-4116-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President Senate State: LA |
| | 70400 40 | ursement For: Primary X General |
| | Per Election for Office Sought 79182.49 2014 | Other (specify) |
| | Full Name of Payee Carmen Maddrey | Date of Public Distribution/Dissemination |
| | Mailing Address 2043 Nottingham Ln | 07 29 2014 Amount |
| | | |
| | City State Zip Code | 70.00 |
| | Burlington NC 27215 | Transaction ID: 64aae63c-a08a-40c3-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 29 / 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 71.14 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | CTC1 | 8 01 2014 |
| | Signature | 2017 |
| | | |

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OF

| | medule L) | FOR SE OF FORM 24/48 |
|----|---|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Carmen Maddrey | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 2043 Nottingham Ln | Amount |
| | City State Zip Code | 4.20 |
| | Burlington NC 27215 | Transaction ID : e90551c0-8ce6-414f-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rrsement For: Primary X General |
| | Tot Elodien for emice edugite | Other (specify) |
| | Full Name of Payee Dylan Simon | Date of Public Distribution/Dissemination |
| | Mailing Address 111 Millrock Drive | 07 29 2014 Amount |
| | City State Zip Code | 44.50 |
| | Lafayette LA 70508 | Transaction ID: 692b25d4-afd2-4726-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 29 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | orsement For: Primary X General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 48.70 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 0 | |
| | Signature | |
| | | |

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OF

| Schedule E) | INI EXI ENL | ON ONES | PAGE 31 OF 143 FOR SE OF FORM 24/48 |
|--|--------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Dylan Simon | | | 07 / 29 / 2014 |
| Mailing Address 111 Millrock Drive | | | Amount |
| City | State | Zip Code | 15.93 |
| Lafayette | LA | 70508 | Transaction ID : d07bf329-e645-44d5-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| OBrian Price | | | 07 |
| Mailing Address 2400 Covenant Cove | | | Amount |
| City | State | Zip Code | 65.00 |
| Little Rock | AR | 72204 | Transaction ID : a53c62fa-1d28-4310-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 29 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 47295.88 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | . ▶ 80.93 |
| | | | 7 7 7 7 |
| (b) SUBTOTAL of Unitermized Independent Expen | ditures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i | idate or authorize | | |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 08 01 7 2014 |
| - 3 | | | |

| | include Ly | FOR SE OF FORM 24/48 |
|----|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | OBrian Price | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 2400 Covenant Cove | Amount |
| | City State Zip Code | 18.00 |
| | Little Rock AR 72204 | Transaction ID : 389ecc4e-7321-449f-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Mr. Mark L Pryor | President State: AR |
| | 47005.00 | rsement For: Primary X General |
| | Per Election for Office Sought 47295.88 2014 | Other (specify) |
| | Full Name of Payee Larry Freeman | Date of Public Distribution/Dissemination |
| | Mailing Address 11214 Mesa drive | 07 29 2014 Amount |
| | City State Zip Code | 65.00 |
| | Little rock AR 72211 | Transaction ID: 14c19754-7c29-421e-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 29 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President State: AR State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 83.00 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | | 8 01 2014 |
| | Signature | للنتا لنا ك |
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OF

| Schedule E) | INI EXI ENL | ON ONES | PAGE 33 OF 143 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Cassidy Quartararo | | | 07 29 / 2014 |
| Mailing Address 632 Cameron Court | | | Amount |
| City | State | Zip Code | 60.00 |
| Kenner | LA | 70065 | Transaction ID: 4444f624-0ffd-47a7-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Amanda Boley | | | 07 |
| Mailing Address Split Oak Drive | | | Amount |
| City | State | Zip Code | 50.00 |
| charlotte | NC | 28227 | Transaction ID: 49f35338-9c7f-4cc2-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 79182.49 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | 110.00 |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | |) |
| (c) TOTAL Independent Expenditures | | | > |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 08 |
| • | | | |

| Schedule E) | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed on | M / D = D / Y = Y = Y |
| | Public Distribution/Dissemination |
| Amanda Boley | |
| Mailing Address Split Oak Drive Amount | |
| City State Zip Code | 10.80 |
| charlotte NC 28227 Transac | tion ID : ff2c8d55-a870-4bd5-9 Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | M / D D / Y Y Y Y |
| Name of Federal Candidate Support Office Sought: | House District:00 |
| Ms. Mary L Landrieu | Senate State: LA |
| Calendar Year-To-Date Disbursement F Per Flection for Office Sought 79182.49 Disbursement F | For: Primary X General |
| | er (specify) |
| Nathan D Wirebaugh | Public Distribution/Dissemination |
| Mailing Address 7320 Red Maple Dr Amount | 7 29 2014 |
| City State Zip Code | 20.00 |
| Holland OH 43528 Transacti | ion ID: 25d84a1d-a3a6-44fa-9 Disbursement or Obligation |
| Purpose of Expenditure | M / D D / Y Y Y Y |
| Name of Federal Candidate Support Office Sought: | House District: 00 |
| Ms. Kay Hagan Oppose President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursement F 2014 Other | For: Primary General er (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 30.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | 7 7 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in coowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

PAGE 34

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| | medule L) | FOR SE OF FORM 24/48 |
|-----|---|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed | i on Man / Dad / Yayayay |
| Т | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Brooke Graphia | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 2306 Brownlee Rd. | Amount |
| ŀ | City State Zip Code | 15.00 |
| | Bossier City LA 71111 | Transaction ID: 78f90d3d-9419-4314-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 29 2014 |
| ľ | Name of Federal Candidate Support Offic | e Sought: House District:00 |
| | Ms. Mary L Landrieu | President State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disb 2014 | |
| ŀ | Full Name of Payee | Other (specify) |
| | Brooke Graphia | Date of Public Distribution/Dissemination O7 29 2014 |
| | Mailing Address 2306 Brownlee Rd. | 07 29 2014 Amount |
| - | City State Zip Code | 2.01 |
| | Bossier City LA 71111 | Transaction ID : 231c25c2-52ac-4e4f-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ľ | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disb 201 | ursement For: Primary |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 17.01 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| (c) TOTAL Independent Expenditures | |
| ٧ | Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | | 08 01 2014 |
| | Signature | للنتا لتا ك |
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| Schedu | le E) | IN EXILINO | | | PAGE 36 OF 143 FOR SE OF FORM 24/48 |
|------------------|---|----------------------|-----------------------|-------------------------|---|
| | COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Wome | n Speak Out PAC | | | | C C00530766 |
| Check if | 24-hour report X 48-hour report | New rep | ort Amends repo | ort filed on | M / D D / Y B Y B Y |
| Full Na | ame of Payee resa Burkhart | | | | f Public Distribution/Dissemination |
| Mailing | g Address 3126 Chester Ct | | | Amour | 07 29 2014 ut |
| City | | State | Zip Code | | 60.00 |
| Metai | rie | LA | 70006 | | action ID : edcb08d1-9419-41ef-9 f Disbursement or Obligation |
| Purpos Salary | se of Expenditure | | Category/ Type 001 | M | 07 29 7 2014 |
| Name | of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Ms. M | lary L Landrieu | | X Oppose | Preside | nt Senate State: LA |
| | calendar Year-To-Date er Election for Office Sought | | 79182.49 | Disbursement 2014 Ot | For: Primary X General her (specify) ▶ |
| | ame of Payee resa Burkhart | | | M | of Public Distribution/Dissemination |
| Mailin | g Address 3126 Chester Ct | | | Amour | |
| City | | State | Zip Code | | 11.01 |
| Metai | rie | LA | 70006 | Transac Date o | ction ID : 8f9d0c92-2a3e-412f-9 of Disbursement or Obligation |
| Purpo Milea | se of Expenditure ge | | Category/ Type 002 | M | 07 29 / 2014 |
| Name | of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Ms. N | lary L Landrieu | | X Oppose | Preside | |
| | Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement 2014 Ot | For: Primary X General |
| (a) SU | BTOTAL of Itemized Independent Expendi | tures | | · [| 71.01 |
| (b) SU | BTOTAL of Unitemized Independent Exper | nditures | | · • | 7 7 7 |
| (c) TO | FAL Independent Expenditures | | | • | 7 |
| with, or | penalty of perjury I certify that the indeperat the request or suggestion of, any cancernmittee) any political party committee or | didate or authorized | | | |
| | Ms. Emily Buchanan | [Electron | nically Filed] Date | 9 08 | 01 |
| Sign | ature | | | | |

| Schedule E) | -INI EXPEND | DITOILS | [| PAGE 37 OF 143 FOR SE OF FORM 24/48 |
|---|---------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C00530766 |
| Check if 24-hour report 48-hour report | New re | port Amends repo | ort filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public | : Distribution/Dissemination |
| Ky Broussard | | | 07 / | 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 301 N Cedar Street | | | Amount | |
| City | State | Zip Code | | 40.00 |
| Abbeville | LA | 70510 | | D: 894b673e-9463-42b2-8 rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M M / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President > | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: 2014 Other (spe | Primary X General ecify) ▶ |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Ky Broussard | | | 07 | 29 / 2014 |
| Mailing Address 301 N Cedar Street | | | Amount | |
| City | State | Zip Code | | 13.50 |
| Abbeville | LA | 70510 | | : 44ca352d-c77c-4cd9-a rsement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | X Oppose | <u> </u> | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | -, -, | 79182.49 | Disbursement For: 2014 Other (sp | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | | 53.50 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | | |
| (-, | | | | 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 4 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorize | | | |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 9 08 01 | 2014 |
| • | | | | |

| Schedule E) | ENT EXI END | TIONES | PAGE 38 OF 143 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Francesca Blom | | | 07 |
| Mailing Address 101 Asbury Ct | | | Amount |
| City | State | Zip Code | 80.00 |
| Winchester | VA | 22602 | Transaction ID : af9a7a70-e344-4b4a-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Corey Miller | | | 07 |
| Mailing Address 8617 Riley Hills Rd | | | Amount |
| City | State | Zip Code | 20.00 |
| Zebulon | NC | 27597 | Transaction ID : c51ce5e3-44ff-404f-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendent | ditures | | 100.00 |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | • |
| (c) TOTAL Independent Expenditures | | | > |
| | ndidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 |
| • | | | |

| | include Ly | FOR SE OF FORM 24/48 |
|----|---|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | /omen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| П | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Corey Miller | 07 |
| | Mailing Address 8617 Riley Hills Rd | Amount |
| | City State Zip Code | 12.00 |
| | Zebulon NC 27597 | Transaction ID : ef02f2cf-4118-460f-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General |
| | Per Election for Office Sought | Other (specify) |
| | Full Name of Payee Barbara A Williams | Date of Public Distribution/Dissemination |
| | Mailing Address 3002 Darden Rd | 07 29 2014 |
| | Apt A | Amount |
| | City State Zip Code | 100.00 |
| | Greensboro NC 27407 | Transaction ID : f75b2860-d11e-4970-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 29 / 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 112.00 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| 1 | Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | CT1 | NM / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | |
| | | |

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| Schedule E) | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| | 33333733 |
| Check if 24-hour report X 48-hour report New report Amends report file | d on M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Cynthia Stewart | 07 29 2014 |
| Mailing Address 3001 Pendell Lane | Amount |
| City State Zip Code | 40.00 |
| Ft. Smith AR 72901 | Transaction ID : b67c2eff-6fc3-4982-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office | ce Sought: House District: 00 |
| Mr. Mark L Pryor Oppose | President X Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disk 201 | oursement For: Primary General Other (specify) Other |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Cynthia Stewart | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3001 Pendell Lane | Amount |
| City State Zip Code | 3.00 |
| Ft. Smith AR 72901 | Transaction ID : 11f7700e-66ee-4886-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 29 2014 |
| Name of Federal Candidate Support Offic | ce Sought: House District: 00 |
| Mr. Mark L Pryor Oppose | President State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disl 201 | oursement For: Primary X General Other (specify) ▶ |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 43.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent. | • |
| Ms. Emily Buchanan [Electronically Filed] Date | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

| Schedule E) | | 101120 | | PAGE 41 OF 143 FOR SE OF FORM 24/48 |
|--|---------------|-----------------------|-------------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New repo | ort Amends repo | | M / D = D / Y = Y = Y |
| Full Name of Payee Phillip Williams | | | | f Public Distribution/Dissemination |
| Mailing Address 3007 Darden Rd | | | Amour | 07 29 2014 ut |
| 011 | O | 7: 0 ! | | 20.00 |
| City Greensboro | State NC | Zip Code 27407 | | 80.00 action ID: ed629b34-7cb9-4b30-9 f Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | М | 07 |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Ms. Kay Hagan | | X Oppose | Preside | NO |
| Calendar Year-To-Date Per Election for Office Sought | , 1 | 99725.07 | Disbursement 2014 Ot | For: Primary ⊠ General her (specify) ▶ |
| Full Name of Payee Phillip Williams | | | M | of Public Distribution/Dissemination |
| Mailing Address 3007 Darden Rd | | | Amour | 07 29 2014 nt |
| City | State | Zip Code | | 22.80 |
| Greensboro | NC | 27407 | | ction ID : 1600377a-259e-4fd3-a of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 07 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought | : House District:00 |
| Ms. Kay Hagan | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement 2014 Ot | For: Primary X General |
| (a) SUBTOTAL of Itemized Independent Expenditures. | | | | 102.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditur | es | | . — | |
| (c) TOTAL Independent Expenditures | | | · [| |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac | or authorized | | | |
| Ms. Emily Buchanan Signature | [Electroni | ically Filed] Date | 08 | 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

| | coulc L) | FOR SE OF FORM 24/48 |
|-------|---|---|
| | OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| VVO | men Speak Out PAC | C C00530766 |
| Checl | x if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| F | ull Name of Payee | Date of Public Distribution/Dissemination |
| | Joesph P Pthierfelder | 07 |
| IN | lailing Address 2411 Armstrong | Amount |
| С | ity State Zip Code | 85.00 |
| | Gastonia NC 28054 | Transaction ID: 2b087533-0051-42be-a Date of Disbursement or Obligation |
| | urpose of Expenditure Salary Category/ Type 001 | 07 / 29 / 2014 |
| N | ame of Federal Candidate Support Office | e Sought: House District: 00 |
| N | //s. Kay Hagan Oppose | President State: NC State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| | ull Name of Payee Beverly Williams | Other (specify) ► Date of Public Distribution/Dissemination |
| N | failing Address 3007 Darden Rd | 07 29 2014 Amount |
| | Sity State Zip Code | 80.00 |
| | Greensboro NC 27407 | Transaction ID: e94688b2-4b80-40b5-9 Date of Disbursement or Obligation |
| | curpose of Expenditure Salary Category/ Type 001 | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| N | lame of Federal Candidate Support Office | e Sought: House District: 00 |
| N | //s. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbrace 2014 | ursement For: Primary X General Other (specify) ▶ |
| (a) | SUBTOTAL of Itemized Independent Expenditures | 165.00 |
| (b) | SUBTOTAL of Unitemized Independent Expenditures | |
| (c) | TOTAL Independent Expenditures | |
| wit | der penalty of perjury I certify that the independent expenditures reported herein were not man h, or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent. | |
| | (77) () 11 771 17 | 8 01 2014 |
| | Signature | |

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OF

| Schedule E) | | PAGE 43 OF 143 FOR SE OF FORM 24/48 |
|---|--------------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report New report | Amends report filed on | M = M / D = D / Y = Y = Y = Y |
| Full Name of Payee Thomas Sisk | Date | e of Public Distribution/Dissemination |
| Mailing Address 3625 Chapelwood Drive | Amo | 07 29 2014 ount |
| City State Zip | Code | 30.00 |
| | 025 Tran | nsaction ID: e559d84d-1943-45c2-a e of Disbursement or Obligation |
| Purpose of Expenditure Salary Ca | ategory/ Type 001 | 07 29 2014 |
| Name of Federal Candidate | Support Office Soug | ght: House District: 00 |
| Ms. Kay Hagan | Oppose Presi | dent Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disburseme 2014 | ent For: Primary |
| Full Name of Payee Thomas Sisk | Date | e of Public Distribution/Dissemination |
| Mailing Address 3625 Chapelwood Drive | Amo | 07 29 2014 punt |
| City State Zip | Code | 8.28 |
| | 3025 Trans | saction ID : 864daeb4-565f-4054-9 e of Disbursement or Obligation |
| Purpose of Expenditure Mileage Ca | ategory/ Type 002 | M 07 / 29 / 2014 |
| Name of Federal Candidate | Support Office Sou | ght: House District: 00 |
| Ms. Kay Hagan | | ident Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 99725.07 Disbursemo 2014 | ent For: Primary X General Other (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 38.28 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | | |
| Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan [Electronicall] Signature | y Filed] Date 08 | 01 / 2014 |

| , | | | | FOR SE OF FORM 24/48 |
|---|---------------------------|-----------------------|--------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour re | port New rep | ort Amends repo | | M = M / D = D / Y = Y = Y |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Marysol Netro | | | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 312 S Gunter St | | | Amo | unt |
| City | State | Zip Code | | 25.00 |
| Siloam Springs | AR | 72761 | | saction ID: 06ba0723-b296-4997-8 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 07 29 2014 |
| Name of Federal Candidate | | Support | Office Soug | ht: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Presid | dent Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 47295.88 | Disburseme 2014 | nt For: |
| Full Name of Payee Marysol Netro Mailing Address 312 S Gunter St | | | Date | of Public Distribution/Dissemination M M 7 29 7 2014 |
| | | | 7 1110 | |
| City Siloam Springs | State AR | Zip Code 72761 | Trans | 3.00 action ID : d030abdd-3e6b-4bb6-b |
| Purpose of Expenditure | | | | of Disbursement or Obligation |
| Mileage | | Category/ Type 002 | ⊿ | 07 29 2014 |
| Name of Federal Candidate | | Support | Office Soug | ht: House District: 00 |
| Mr. Mark L Pryor | | Oppose | Presid | dent State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 47295.88 | Disburseme 2014 | nt For: Primary |
| (a) SUBTOTAL of Itemized Independent Ex | xpenditures | | · [| 28.00 |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | • | |
| (c) TOTAL Independent Expenditures | | | · [| 7 1 7 1 7 |
| Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee | y candidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 9 08 | 01 / 2014 |
| Oignature | | | | |

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OF

| | | | FOR SE OF FORM 24/48 |
|--|------------------------------|---------------------------------------|---|
| NAME OF COMMITTEE (In F | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out | PAC | | C C00530766 |
| Check if 24-hour report | X 48-hour report New | v report Amends report file | ed on Man / Dad / Yayayay |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Trent C Oelschla | | | 07 29 2014 |
| Mailing Address 18710 S | trawberry Plant Road | | Amount |
| City | State | Zip Code | 25.00 |
| Fayetteville | AR | 72704 | Transaction ID : dad1de06-39b9-4daf-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 29 2014 |
| Name of Federal Candida | ate | Support Office | ce Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office | | 47295.88 Disk 201- | oursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee | <u> </u> | , | Date of Public Distribution/Dissemination |
| Trent C Oelschlae | ger | | 07 29 2014 |
| Mailing Address 18710 | Strawberry Plant Road | | Amount |
| City | State | Zip Code | 14.10 |
| Fayetteville | AR | 72704 | Transaction ID : 13668bae-788b-434d-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 29 2014 |
| Name of Federal Candida | ate | Support Offi | ce Sought: House District: 00 |
| Mr. Mark L Pryor | | Oppose | President State: AR |
| Calendar Year-To-Da Per Election for Office | | 47295.88 Dis 201 | bursement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized | d Independent Expenditures | ····· | 39.10 |
| (b) SUBTOTAL of Unitemi | zed Independent Expenditures | ····· | 1171171171 |
| (c) TOTAL Independent E. | xpenditures | · · · · · · · · · · · · · · · · · · · | |
| with, or at the request or s | | | nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political |
| Ms. Emily Buch | | ectronically Filed] | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | |

PAGE

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OF

| Schedule E) | DENT EXILITE | TOTILO | _ | AGE 46 OF 143 OR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--------------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | NTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C co | 0530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public D | Distribution/Dissemination |
| Lisa Booth | | | M M / | 29 / 2014 |
| Mailing Address 1434 South Avenue | | | Amount | |
| City | State | Zip Code | | 80.00 |
| Eden | NC | 27288 | | : 6646d704-9b2d-4d4b-a ement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: 2014 Other (spec | Primary X General |
| Full Name of Payee | | | Date of Public D | Distribution/Dissemination |
| Lisa Booth | | | M M / 07 | 29 / 2014 |
| Mailing Address 1434 South Avenue | | | Amount | |
| City | State | Zip Code | | 8.70 |
| Eden | NC | 27288 | | 583002f2-6a4a-43bd-b ement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: 2014 Other (spec | Primary X General ify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | • | 88.70 |
| (b) SUBTOTAL of Uniternized Independent Exp | nenditures | | | |
| (b) CODICINE OF CHIRCHES Masperlacine Exp | | | - | 195 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of | ndidate or authorize | | | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 01 | 2014 |
| | | | | |

| Schedule E) | 12. 011. 01 11.02. 1 | | | | PAGE 47 OF 143 FOR SE OF FORM 24/48 |
|--------------------------|---------------------------------------|----------------------------|-----------------------|-----------------------|---|
| NAME OF COMM | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Spe | eak Out PAC | | | | C C00530766 |
| Check if 24-h | our report X 48-hour re | eport New repo | ort Amends repo | ort filed on | M / D D / Y Y Y Y |
| Full Name of | Pavee | | | Date o | of Public Distribution/Dissemination |
| Lily Gree | n | | | | 07 29 2014 |
| Mailing Addres | SS 205 Medallion Circle | | | Amour | nt |
| City | | State | Zip Code | | 80.00 |
| Shreveport | | LA | 71119 | | action ID : eba6e0ee-41b2-4355-8 of Disbursement or Obligation |
| Purpose of Ex Salary | penditure | | Category/ Type 001 | M | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Fede | ral Candidate | | Support | Office Sough | :: House District:00 |
| Ms. Mary L La | ndrieu | | X Oppose | Preside | ent Senate State: LA |
| | Year-To-Date ion for Office Sought | 7 | 79182.49 | Disbursement 2014 Of | t For: |
| Full Name of | | | | Date of | of Public Distribution/Dissemination |
| Lily Greer | 1 | | | M | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Addres | SS 205 Medallion Circle | | | | 0. 20 2017 |
| | | | | Amou | nt |
| City | | State | Zip Code | | 21.90 |
| Shreveport | | LA | 71119 | Transa Date o | ction ID : d8b3dae0-a1b1-48a5-a of Disbursement or Obligation |
| Purpose of Ex Mileage | penditure | | Category/ Type 002 | М | 07 |
| Name of Fede | eral Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Mary L La | ndrieu | | X Oppose | Preside | ent Senate State: LA |
| | Year-To-Date ion for Office Sought | | 79182.49 | Disbursemen 2014 O | t For: |
| (a) SUPTOTAL | of Itemized Independent E | vnondituro | | | 101.00 |
| (a) SUBTUTAL | or itemized independent L | xperialitares | | . • | 101.90 |
| (b) SUBTOTAL | of Unitemized Independen | t Expenditures | | · • | |
| (c) TOTAL Inde | ependent Expenditures | | | • | 7 7 7 |
| with, or at the i | | ny candidate or authorized | | | ooperation, consultation, or concert the reporting entity is not a political |
| М. | s. Emily Buchanan | [Electron | ically Filed] Date | 9 08 | 01 2014 |
| Signature | | | _ | | |

| Schedule E) | EFENDENT EXFENDI | TOTILS | PAGE 48 OF 143 FOR SE OF FORM 24/48 |
|---|---------------------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-h | our report New repo | ort Amends repo | rt filed on |
| Full Name of Payee Tylan S Green | | | Date of Public Distribution/Dissemination |
| Mailing Address 2320 Saint Nick Dr | | | 07 29 7 2014 |
| Maining Modroso 2320 Saint Nick Dr | | | Amount |
| City | State | Zip Code | 60.00 |
| New Orleans | LA | 70131 | Transaction ID : 9ecb43f5-68da-4d9f-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 29 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 99725.07 | Disbursement For: Primary General |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lorri Anderson | | | 07 29 7 2014 |
| Mailing Address 7214 Duchamp D | r | | Amount |
| City | State | Zip Code | 30.00 |
| Charlotte | NC | 23215 | Transaction ID : e0212f9d-7b35-4bde-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / 29 / Y 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independ | ent Expenditures | | 90.00 |
| | | | |
| (b) SUBTOTAL of Unitemized Indepe | ndent Expenditures | |) |
| (c) TOTAL Independent Expenditures | | | • |
| | of, any candidate or authorized | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electroni | ically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - | | | |

| Schedule E) | VI EXI END | HONES | | PAGE 49 OF 143 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|----------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | oort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Publi | c Distribution/Dissemination |
| Lorri Anderson | | | 07 | 29 / 2014 |
| Mailing Address 7214 Duchamp Dr | | | Amount | |
| City | State | Zip Code | | 11.10 |
| Charlotte | NC | 23215 | | ID: 6465b3ab-565b-42f2-8 ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 N | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 1 7 | 199725.07 | Disbursement For: 2014 Other (sp | Primary X General Decify) ▶ |
| Full Name of Payee | _ | | Date of Publi | c Distribution/Dissemination |
| Laura U Logie | | | 07 | 29 / 2014 |
| Mailing Address 2565 Shire Circle | | | Amount | |
| City | State | Zip Code | | 20.00 |
| Harrisonburg | VA | 22801 | | D : ce6558a8-09eb-4816-b ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 07 | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 199725.07 | Disbursement For: 2014 Other (sp | Primary X General pecify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | es | | | 31.10 |
| | | | - | 4 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | > | 7 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 / 01 | 2014 |
| - 9 | | | | |

| Schedule E) | | 101120 | | PAGE 50 OF 143 FOR SE OF FORM 24/48 |
|---|---------------|-----------------------|-----------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDI | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | 000530766 |
| Check if 24-hour report X 48-hour report | New repo | ort Amends repo | rt filed on/ | D = D / Y = Y = Y |
| Full Name of Payee Earl Stewart | | | | Distribution/Dissemination |
| Mailing Address 9455 Snow Camp Road | | | 07 / | 29 / 2014 |
| 9433 Show Camp Road | | | Amount | |
| City | State | Zip Code | | 85.00 |
| Snowcamp | NC | 27349 | | D: 10dd5c78-bddc-4edc-a sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , 1 | 99725.07 | Disbursement For: 2014 Other (spe | Primary |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Earl Stewart | | | 07 / | 29 / 2014 |
| Mailing Address 9455 Snow Camp Road | | | Amount | |
| City | State | Zip Code | | 15.90 |
| Snowcamp | NC | 27349 | | : 807390c2-13fd-4e8a-a sement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M M / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , | 199725.07 | Disbursement For: 2014 Other (spe | Primary General |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | • | 100.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | res | | • | |
| (c) TOTAL Independent Expenditures | | | • | 1 |
| Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized | | | |
| Ms. Emily Buchanan Signature | [Electroni | cally Filed] Date | 08 / 01 | 2014 |

| Schedule E) | PAGE 51 OF 143 FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends | report filed on M M / D D / Y Y Y Y Y |
| Full Name of Payee Alexa S Dudley | Date of Public Distribution/Dissemination |
| Mailing Address 4367 Splitlog Rd | 07 29 2014 Amount |
| Other Charles Tip Code | 25.00 |
| City State Zip Code Goodman MO 64843 | 25.00 Transaction ID : 5b684cc8-338f-4d0f-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type | 001 |
| Name of Federal Candidate Suppor | rt Office Sought: House District: 00 |
| Mr. Mark L Pryor Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 47295.88 | Disbursement For: Primary X General 2014 Other (specify) ▶ |
| Full Name of Payee Alexa S Dudley | Date of Public Distribution/Dissemination |
| Mailing Address 4367 Splitlog Rd | 07 29 2014 Amount |
| City State Zip Code | 24.00 |
| Goodman MO 64843 | Transaction ID: 79a57da3-3f05-4a4e-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type | 002 07 29 2014 |
| Name of Federal Candidate Suppo | ort Office Sought: House District: 00 |
| Mr. Mark L Pryor Oppos | Se President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 47295.88 | Disbursement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 49.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | ······· > |
| Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Signature | Date 08 / 01 / 2014 |

| Schedule E) | | 71101120 | PAGE 52 OF 143 FOR SE OF FORM 24/48 |
|--|--------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee Sarinda S Dudley | | | Date of Public Distribution/Dissemination |
| Mailing Address 4367 Splitlog Rd | | | 07 29 2014 Amount |
| City | State | Zin Codo | 25.00 |
| Goodman | MO | Zip Code 64843 | Transaction ID : 2baca4aa-2915-4ab1-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 47295.88 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee Christopher Marquess | | | Date of Public Distribution/Dissemination |
| Mailing Address 110 W Pecan St | | | 07 29 2014 Amount |
| City | State | Zip Code | 50.00 |
| Ville Platte | LA | 70586 | Transaction ID : 0ea88c33-68ca-4b52-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 29 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | 75.00 |
| (b) SUBTOTAL of Unitemized Independent Expen | nditures | | · |
| (c) TOTAL Independent Expenditures | | | • |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i | idate or authorize | | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 01 / 2014 |

| Schedule E) | INT EXI END | JITONES | PAGE 53 OF 143 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | t filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Christopher Marquess | | | 07 |
| Mailing Address 110 W Pecan St | | | Amount |
| City | State | Zip Code | 32.40 |
| Ville Platte | LA | 70586 | Transaction ID: c85471a7-cec4-44a7-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 29 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Christine Stevens | | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury Ct | | | Amount |
| City | State | Zip Code | 70.00 |
| Winchester | VA | 22602 | Transaction ID: 10251d29-1fd8-4def-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendent | tures | | 102.40 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | |
| | | | |
| (c) TOTAL Independent Expenditures | | | · |
| Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorize | | not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| o.g.iataro | | | |

| Schedule E) | LIVI EXI LIVE | HONES | PAGE 54 OF 143 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jon E Conner | | | 07 29 / 2014 |
| Mailing Address 100 Asbury Ct | | | Amount |
| City | State | Zip Code | 50.00 |
| Winchester | VA | 22602 | Transaction ID: 6ce1a704-869a-4332-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 29 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Rodney O Culbreath | | | 07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury Ct | | | Amount |
| City | State | Zip Code | 80.00 |
| Winchester | VA | 22602 | Transaction ID: d2ac5b98-3796-4ad8-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 29 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 199725.07 | Disbursement For: |
| (a) SUBTOTAL of Itemized Independent Expendent | ditures | | . ▶ 130.00 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | |
| (,, | | | 492 492 492 |
| (c) TOTAL Independent Expenditures | | | |
| | ndidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 2014 |
| - 3 | | | |

| | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | te of Public Distribution/Dissemination |
| Rodney D Culbreth | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | ount |
| City State Zip Code | 70.00 |
| Winchester VA 22602 Tra | Insaction ID : 8e5905a8-aa2d-47e1-8 te of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 29 2014 |
| Name of Federal Candidate Support Office Sou | ught: House District: 00 |
| Me Kay Hagan | sident State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | , , |
| Full Name of Payer | Other (specify) |
| Full Name of Payee Rze Culbreath | te of Public Distribution/Dissemination 07 29 2014 |
| Mailing Address 100 Asbury Ct | ount 29 2014 |
| City State Zip Code | 70.00 |
| Winchester VA 22602 Tran | nsaction ID: 059173a8-bae3-4220-a te of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 29 2014 |
| Name of Federal Candidate Support Office Sou | ught: House District:00 |
| Ms. Kay Hagan Oppose Pres | • |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | nent For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 140.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 7 7 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

PAGE 55

OF

| Schedul | e E) | TI EXI END | | | PAGE 56 OF 143 FOR SE OF FORM 24/48 |
|------------------|---|--------------------|-----------------------|-----------------------|--|
| | COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Wome | n Speak Out PAC | | | | C C00530766 |
| Check if | 24-hour report X 48-hour report | New rep | ort Amends repo | ort filed on | M / D D / Y Y Y Y Y |
| Full Na | athan Odette | | | | of Public Distribution/Dissemination |
| Mailing | Address 9600 Earpsboro Chamblee Road | | | Amou | 07 29 2014 nt |
| City | | State | Zip Code | | 20.00 |
| Wende | ell | NC | 27591 | | action ID : 93214d64-4330-491c-a of Disbursement or Obligation |
| Purpos Salary | e of Expenditure | | Category/ Type 001 | | 07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name | of Federal Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Ka | ay Hagan | | Oppose | Preside | NC NC |
| | alendar Year-To-Date er Election for Office Sought | , , | 199725.07 | Disbursemen 2014 O | t For: Primary ⊠ General ther (specify) ▶ |
| Jona | ame of Payee athan Odette J Address 9600 Earpsboro Chamblee Roa | ٨ | | | of Public Distribution/Dissemination |
| | 9000 Laipspoid Chailiblec Noa | <u> </u> | | Amou | nt |
| City Wend | ell | State NC | Zip Code 27591 | | 6.30 ction ID : fd791150-beb0-4e81-9 |
| Purpos Mileag | se of Expenditure ge | | Category/ Type 002 | Date | of Disbursement or Obligation 07 29 2014 |
| Name | of Federal Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Ka | ay Hagan | | X Oppose | Preside | |
| | alendar Year-To-Date er Election for Office Sought | | 199725.07 | Disbursemen 2014 C | t For: |
| (a) SUE | BTOTAL of Itemized Independent Expenditure | res | | • | 26.30 |
| (b) SUE | STOTAL of Unitemized Independent Expend | itures | | · • | 71171171 |
| (c) TOT | AL Independent Expenditures | | | · - | 7 1 7 1 7 |
| with, or | enalty of perjury I certify that the independ at the request or suggestion of, any candid mmittee) any political party committee or its | late or authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | 9 08 | 01 2014 |
| Signa | ature | | | | |

| Schedule E) | INI EXI END | ITORES | | AGE 57 OF 143 OR SE OF FORM 24/48 |
|--|----------------------|-----------------------|-------------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC IDEN | ITIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C co | 0530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public D | istribution/Dissemination |
| Sharon Lloyd | | | M M / | 29 / 2014 |
| Mailing Address 4301 Lankford | | | Amount | |
| City | State | Zip Code | | 60.00 |
| Springdale | AR | 72762 | Transaction ID : Date of Disburse | d5912d4a-83e4-4050-a ement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: 2014 Other (speci | Primary |
| Full Name of Payee | | | Date of Public D | istribution/Dissemination |
| Sharon Lloyd | | | 07 / | 29 / 2014 |
| Mailing Address 4301 Lankford | | | Amount | |
| City | State | Zip Code | | 10.92 |
| Springdale | AR | 72762 | | 30b684c5-2bf4-4ef5-8 ement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 / | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: 2014 Other (speci | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expendent | tures | | · | 70.92 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • | |
| | | | 4 | 4 1 4 |
| (c) TOTAL Independent Expenditures | | | > | 42 |
| Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | M M / D D / | 2014 |
| o.g.iataro | | | | |

| Schedule E) | INI EXPEN | DITORES | [- | PAGE 58 OF 143 FOR SE OF FORM 24/48 |
|---|---------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on | D = D / Y = Y = Y = Y |
| Full Name of Payee Zachary Vidrine | | | M = M / | Distribution/Dissemination |
| Mailing Address 202 Rue Des Cajun | | | Amount | 29 2014 |
| City | State | Zip Code | | 30.00 |
| Ville Platte | LA | 70586 | | D: ef8ca707-d6b8-48c8-8 rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / | 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President > | <u> </u> |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: 2014 Other (spe | Primary X General ecify) ▶ |
| Full Name of Payee | | | Date of Public | : Distribution/Dissemination |
| Zachary Vidrine | | | 07 | 29 / 2014 |
| Mailing Address 202 Rue Des Cajun | | | Amount | |
| City | State | Zip Code | | 30.60 |
| Ville Platte | LA | 70586 | | : 64b011bd-f207-4ef7-8 rsement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President > | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: 2014 Other (spe | Primary X General ecify) ► |
| (a) SUBTOTAL of Itemized Independent Expendit | tures | | . • | 60.60 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | . • | |
| | | | 4 | 4 |
| (c) TOTAL Independent Expenditures | | |) | 4 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or | lidate or authorize | | | |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 9 08 01 | 2014 |
| - Signaturo | | | | |

| Schedule E) | | PAGE 59 OF 143 FOR SE OF FORM 24/48 |
|---|-------------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report file | ed on Mam / Dad / Yayayay |
| Full Name of Payee Sharon Lloyd | | Date of Public Distribution/Dissemination |
| Mailing Address 4301 Lankford | | 07 29 2014 Amount |
| City State | z Zip Code | 60.00 |
| Springdale AR | 72762 | Transaction ID : b0b91b67-8060-419c-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 07 29 7 2014 |
| Name of Federal Candidate | Support Off | ice Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 47295.88 Dis 201 | bursement For: Primary General Other (specify) ▶ |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Sharon Lloyd | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 4301 Lankford | | Amount |
| City State | e Zip Code | 10.92 |
| Springdale AR | 72762 | Transaction ID : 3fd75cfe-687a-45cf-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 07 29 / Y Y Y Y Y Y |
| Name of Federal Candidate | Support Off | fice Sought: House District: 00 |
| Mr. Mark L Pryor | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 47295.88 Dis 20 | sbursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | • | 70.92 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | > | |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan | [Electronically Filed] Date | 08 01 2014 |
| Signature | _ | |

| | | | | FOR SE OF | FORM 24/48 |
|-----|---|-------------------|----------------------|---------------------------------|---------------------------|
| | ME OF COMMITTEE (In Full) | F | EC I | IDENTIFICATION | ON NUMBER ▼ |
| VV | omen Speak Out PAC | | С | C00530766 | |
| Che | ck if 24-hour report X 48-hour report New report Amends report filed | | М | / D = D / | Y = Y = Y |
| Т | Full Name of Payee | Date of | Publ | lic Distribution/ | Dissemination |
| | Petrina Williams | |)7 | 29 | 2014 |
| | Mailing Address 3007 Darden Rd | Amoun | t | | |
| ŀ | City State Zip Code | Г. | | | 100.00 |
| | Greensboro NC 27407 | Transa Date of | ction Disb | ID: c90dffe0- oursement or C | d2b8-42c8-b Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | |)7 | 29 | 2014 |
| ľ | Name of Federal Candidate Support Office | Sought: | | House | District: 00 |
| | Ms. Kay Hagan Oppose | Presider | nt [| X Senate | State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbur 2014 | rsement | | Primary specify) ▶ | X General |
| | Full Name of Payee Petrina Williams Mailing Address 3007 Darden Rd | Date o | F Pub | lic Distribution | /Dissemination |
| ŀ | City State Zip Code | | | | 24.90 |
| | Greensboro NC 27407 | | | ID: b9ee28e5- oursement or 0 | |
| | Purpose of Expenditure Mileage Category/ Type 002 | M |)7 | 29 | 2014 |
| | Name of Federal Candidate Support Office | Sought | | House | District:00 |
| | Ms. Kay Hagan Oppose | Preside | nt | X Senate | State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement | | Primary specify) ▶ | |
| (6 | a) SUBTOTAL of Itemized Independent Expenditures | | -7 | | 124.90 |
| (1 | b) SUBTOTAL of Unitemized Independent Expenditures | | | 7 | |
| ((| c) TOTAL Independent Expenditures | | -7 | 4 | |
| W | Inder penalty of perjury I certify that the independent expenditures reported herein were not market, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan [Electronically Filed] Date 08 | M / | 01 | 201 | |
| | Signature | | | | |

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OF

| · · · · · · · · · · · · · · · · · · · | | FOR SE OF FORM 24/48 |
|--|--------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out FAC | | C C00530766 |
| Check if 24-hour report X 48-hour report New report | port Amends report filed | I on Man / Dad / Yayayay |
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination |
| | | 07 29 2014 |
| Mailing Address 6101 NORA ST | | Amount |
| City State | Zip Code | 70.00 |
| METAIRIE LA | 70003 | Transaction ID: 9067c2d2-56fa-41d1-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 07 29 / Y 2014 |
| Name of Federal Candidate | Support Office | e Sought: House District: 00 |
| Ms. Mary L Landrieu | X Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 79182.49 Disbu 2014 | ursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee Danielle McCoy Mailing Address 1025 Cayley Ct | 1 | Date of Public Distribution/Dissemination 07 29 2014 Amount |
| City State | Zip Code | 87.50 |
| High Point NC | 27260 | Transaction ID : bae21257-0a55-4699-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 07 / 29 / 2014 |
| Name of Federal Candidate | Support Offic | e Sought: House District: 00 |
| Ms. Kay Hagan | X Oppose | President State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought | 199725.07 Disb 2014 | ursement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 157.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | |
| (c) TOTAL Independent Expenditures | • | |
| Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent. | | |
| | nically Filed] Date | 08 01 2014 |
| Signature | | |

PAGE 61

OF

| Sch | hedule E) | | PAGE 62 OF 143 FOR SE OF FORM 24/48 |
|------|--|-------------------------------------|--|
| | ME OF COMMITTEE (In Full) | FEC ID | DENTIFICATION NUMBER ▼ |
| Wo | omen Speak Out PAC | | C00530766 |
| Chec | cck if 24-hour report X 48-hour report New report Amends report | filed on/ | D = D / Y = Y = Y |
| F | Full Name of Payee | Date of Public | c Distribution/Dissemination |
| | Danielle McCoy | 07 | 29 / 2014 |
| ľ | Mailing Address 1025 Cayley Ct | Amount | |
| | City State Zip Code | | 23.70 |
| | High Point NC 27260 | | ID: 9db5b8ba-9282-4345-8 ursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | M 07 | 29 / 2014 |
| 1 | Name of Federal Candidate Support C | Office Sought: | House District: 00 |
| | Ms. Kay Hagan | | Senate State: NC |
| | Odiciidai icai io Date | Disbursement For: 014 Other (sp | Primary |
| | Full Name of Payee Chris McCoy | | c Distribution/Dissemination |
| _ | • | 07 | 29 2014 |
| ľ | Mailing Address 1025 Cayley Ct | Amount | |
| | City State Zip Code | | 90.00 |
| | High Point NC 27260 | Transaction II Date of Disbu | D: ee849a03-f3ce-429e-9 ursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 | 29 / 2014 |
| 1 | Name of Federal Candidate Support | Office Sought: | House District: 00 |
| | Ms. Kay Hagan Oppose | | Senate State: NC |
| | | Disbursement For: 2014 Other (sp | Primary X General |
| (a | a) SUBTOTAL of Itemized Independent Expenditures | | 113.70 |
| • | -, | | 7 |
| (b | b) SUBTOTAL of Unitemized Independent Expenditures | · | 4 |
| (с | c) TOTAL Independent Expenditures | 7 | 7 |
| wi | Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of earty committee) any political party committee or its agent. | | |
| | Ms. Emily Buchanan [Electronically Filed] Date | M M / D D D 0 01 | / Y Y Y Y Y Y 2014 |
| | Signature | | |

| Schedule E) | IN EXICIO | TIONES | PAGE 63 OF 143 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Chris McCoy | | | 07 / 29 / 2014 |
| Mailing Address 1025 Cayley Ct | | | Amount |
| City | State | Zip Code | 25.20 |
| High Point | NC | 27260 | Transaction ID: 185b6d88-6997-4000-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | -, -, | 199725.07 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Timothy Foley | | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 20679 Glenbrook Terrace | | | Amount |
| City | State | Zip Code | 35.00 |
| Sterling | VA | 20165 | Transaction ID : 5825f181-ad18-49a9-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / 29 / Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 199725.07 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | 60.20 |
| (b) SUBTOTAL of Uniternized Independent Exper | nditures | | |
| (-, | | | 75 75 75 |
| (c) TOTAL Independent Expenditures | | | • |
| Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or | lidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| • | | | |

| · · · · · · · · · · · · · · · · · · | | FOR SE OF FORM 24/48 |
|---|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDI | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C | C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | D D |
| Full Name of Payee | Date of Public | Distribution/Dissemination |
| Tarrin Lesaicherre | M M 7 | 29 / 2014 |
| Mailing Address 629 Radiance Ave | Amount | |
| City Stat | e Zip Code | 70.00 |
| Metairie L <i>F</i> | | D: 73feab2b-3d1c-4581-a rsement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 07 | 29 / 2014 |
| Name of Federal Candidate | Support Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 79182.49 Disbursement For: 2014 Other (spe | Primary |
| Full Name of Payee Tarrin Lesaicherre | | Distribution/Dissemination |
| Mailing Address 629 Radiance Ave | Amount | |
| City | te Zip Code | 4.50 |
| Metairie LA | | : 7cff20fc-8d85-40f1-9 rsement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 07 | 29 / Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | Oppose President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 79182.49 Disbursement For: 2014 Other (spe | Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | • | 74.50 |
| (b) SUBTOTAL of Unitermized Independent Expenditures. | | 4 |
| (c) TOTAL Independent Expenditures | ····· | 1 4 1 1 4 1 |
| Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent | authorized committee or agent of either, or (if the repo | |
| Ms. Emily Buchanan | [Electronically Filed] Date 08 01 | 2014 |
| Signature | | |

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OF

| Sche | edule E) | VI EXI END | | | PAGE 65 OF 143 FOR SE OF FORM 24/48 |
|-------|---|--------------------|-----------------------|---------------------|---|
| | OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Wor | men Speak Out PAC | | | | C C00530766 |
| Check | t if 24-hour report X 48-hour report | New rep | ort Amends repo | ort filed on | M = M / D = D / Y = Y = Y |
| | ull Name of Payee Evelyn Lesaicherre | | | | of Public Distribution/Dissemination |
| | ailing Address 629 Radiance Ave | | | | 07 29 2014 |
| | 025 Radialice Ave | | | Amou | unt |
| Ci | ty | State | Zip Code | | 70.00 |
| | Metairie | LA | 70001 | | saction ID: 4df380e6-2880-4ca6-8 of Disbursement or Obligation |
| | urpose of Expenditure ialary | | Category/ Type 001 | | 07 / 29 / 2014 |
| Na | ame of Federal Candidate | | Support | Office Sough | ht: House District: 00 |
| М | ls. Mary L Landrieu | | X Oppose | Presid | lent Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursemer 2014 | nt For: Primary |
| | ıll Name of Payee | | | Date | of Public Distribution/Dissemination |
| | Evelyn Lesaicherre | | | | 07 29 2014 |
| Ma | ailing Address 629 Radiance Ave | | | | |
| | | | | Amou | unt |
| Ci | ity | State | Zip Code | | 4.50 |
| | Metairie | LA | 70001 | | action ID: 7f776ff4-4723-4420-a of Disbursement or Obligation |
| | urpose of Expenditure Mileage | | Category/ Type 002 | | M 07 / 29 / Y 2014 Y |
| Na | ame of Federal Candidate | | Support | Office Sough | ht: House District: 00 |
| M | ls. Mary L Landrieu | | X Oppose | Presid | dent Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | 7 | 79182.49 | Disbursemer 2014 | nt For: |
| | | | | | |
| (a) | SUBTOTAL of Itemized Independent Expenditu | res | | · • | 74.50 |
| (b) | SUBTOTAL of Unitemized Independent Expend | litures | | · · | |
| (c) | TOTAL Independent Expenditures | | | · [| 7 1 7 1 7 |
| with | der penalty of perjury I certify that the independ n, or at the request or suggestion of, any candid ty committee) any political party committee or its | date or authorized | | | |
| | Ms. Emily Buchanan | [Electron | nically Filed] Date | e 08 | 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - | Signature | | | | |

| | modulo L) | FOR SE OF FORM 24/48 |
|--------|---|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| \neg | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Jeremy Hollar | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 121 Meadowview Drive | Amount |
| | City State Zip Code | 50.00 |
| | Boone NC 28607 | Transaction ID: 8fe4630e-58fc-4cc2-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 / 29 / 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District:00 |
| | Ms. Kay Hagan | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | |
| | Full Name of Payee | Other (specify) ▶ Date of Public Distribution/Dissemination |
| | Jeremy Hollar | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 121 Meadowview Drive | Amount |
| | City State Zip Code | 9.90 |
| | Boone NC 28607 | Transaction ID : fe65d67b-ba29-4831-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 |
| | Name of Federal Candidate Support Office | e Sought: House District:00 |
| | | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 59.90 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| (c) TOTAL Independent Expenditures | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | | NM / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| _ | Signature | |
| | | |

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OF

| · · · · · · · · · · · · · · · · · · | | FOR SE OF FORM 24/48 |
|--|--|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Date | e of Public Distribution/Dissemination |
| Lee R Carter | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3110 Brentwood Rd | Amo | punt |
| City Sta | ite Zip Code | 60.00 |
| Raleigh | | nsaction ID : a0cd7bb9-2c9f-417f-a |
| Purpose of Expenditure Salary | Category/ Type 001 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office Soug | ght: House District: 00 |
| Ms. Kay Hagan | Oppose Presi | dent State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 199725.07 Disburseme 2014 | ent For: Primary |
| Full Name of Payee Lee R Carter Mailing Address 3110 Brentwood Rd | Date | e of Public Distribution/Dissemination 07 |
| City Sta | ate Zip Code | 11.40 |
| Raleigh | | saction ID : eab72484-4a9d-44ca-9 e of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 07 29 / 2014 |
| Name of Federal Candidate | Support Office Sou | ght: House District: 00 |
| Ms. Kay Hagan | Oppose Presi | dent State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 199725.07 Disburseme 2014 | ent For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | — | 71.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | 7 7 |
| (c) TOTAL Independent Expenditures | | 7 7 |
| Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent | authorized committee or agent of either, or (i | |
| Ms. Emily Buchanan | [Electronically Filed] Date 08 | 01 2014 |
| Signature | | |

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OF

| Schedule E) | PAGE 68 OF 143 FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y = Y |
| Full Name of Payee Francis Richardson | ate of Public Distribution/Dissemination |
| Mailing Address 220 Doucet Rd | 07 29 2014 mount |
| City State Zin Code | 55.00 |
| | 55.00 ransaction ID: 41a857a2-dd48-4e61-a late of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 / 29 / 2014 |
| Name of Federal Candidate Support Office So | ought: House District: 00 |
| Me Mary I Landriau | esident Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disburse 2014 | ement For: Primary X General Other (specify) ▶ |
| Full Name of Payee Francis Richardson | Date of Public Distribution/Dissemination |
| Mailing Address 220 Doucet Rd | 07 29 2014 Amount |
| City State Zip Code | 4.92 |
| Lafayette LA 70503 Tra | ansaction ID : 4e908f02-f5a1-4e92-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | M 07 / 29 / 2014 |
| Name of Federal Candidate Support Office So | ought: House District: 00 |
| Ms. Mary L Landrieu Pro | resident Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disburse 2014 2014 | ement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | 59.92 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date Signature | 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

| Sch | nedule E) | | | | PAGE 69 OF 143 FOR SE OF FORM 24/48 |
|-----|--|----------|-----------------------|-------------------|--|
| | TE OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | C C00530766 |
| Che | ck if 24-hour report X 48-hour report | lew rep | ort Amends re | port filed | on M = M / D = D / Y = Y = Y |
| T | Full Name of Payee Kenny Wallis | | | | Date of Public Distribution/Dissemination |
| | Mailing Address 6412 Osage Dr | | | | 07 29 2014 Amount |
| | | | | | Amount |
| 1 | City State | | Zip Code | | 35.00 |
| L | North Little rock AR | | 72116 | | Transaction ID: a03047bb-d4ba-43e1-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type 00 | 1 | 07 29 / 2014 |
| h | Name of Federal Candidate | | Support | Office | e Sought: House District: 00 |
| | Mr. Mark L Pryor | | X Oppose | | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | , | 47295.88 | Disbu 2014 | ursement For: Primary |
| Γ | Full Name of Payee | | | | Date of Public Distribution/Dissemination |
| ١ | Kenny Wallis | | | | 07 |
| ľ | Mailing Address 6412 Osage Dr | | | | |
| ١ | | | | | Amount |
| ı | City State | | Zip Code | | 6.36 |
| | North Little rock AR | | 72116 | | Transaction ID: 9484f36d-c39c-4bb6-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type 002 | 2 | 07 / 29 / 2014 |
| | Name of Federal Candidate | | Support | Office | e Sought: House District: 00 |
| L | Mr. Mark L Pryor | | X Oppose | | President State: AR State: |
| | Calendar Year-To-Date Per Election for Office Sought | - | 47295.88 | Disbu 2014 | ursement For: Primary X General Other (specify) ▶ |
| | | | | | |
| (a | a) SUBTOTAL of Itemized Independent Expenditures | | | ····· > | 41.36 |
| (k | o) SUBTOTAL of Unitemized Independent Expenditures | | | ····· > | 1 7 1 1 7 1 1 7 1 |
| (0 | c) TOTAL Independent Expenditures | | | ····· > | |
| W | nder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or au arry committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan | Electron | ically Filed] Da | ate 0 | 18 01 2014 |
| | Signature | | | | |

| , | | | | FOR SE OF FORM 24/48 |
|---|---------------------------------|-----------------------|---------------------|---|
| NAME OF COMMITTEE (In Full) | <u> </u> | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-h | nour report New repo | ort Amends repo | | / M |
| Full Name of Payee | _ | | Date | of Public Distribution/Dissemination |
| Ralphie Lockhart | | | | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 6310 Col Glenn Ro | I | | Amou | unt |
| City | State | Zip Code | | 60.00 |
| Little Rock | AR | 72204 | | saction ID: 6e0b32c8-d3ce-470c-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 07 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District:00 |
| Mr. Mark L Pryor | | Oppose | Presid | ent Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 47295.88 | Disbursemer 2014 | nt For: Primary X General Other (specify) ▶ |
| Full Name of Payee | | | | of Public Distribution/Dissemination |
| Michael Vidrine | | | Г | 07 29 2014 |
| Mailing Address 1103 West Wilso | on Street | | Amou | |
| City | State | Zip Code | | 60.00 |
| Ville Platte | LA | 70586 | | action ID : f40a55a2-f7bd-43ce-8 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 07 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | ht: House District:00 |
| Ms. Mary L Landrieu | | Oppose | Presid | lent Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursemer 2014 | nt For: |
| (a) SUBTOTAL of Itemized Independent | dent Expenditures | | | 120.00 |
| (b) SUBTOTAL of Unitemized Indep | endent Expenditures | | · [| 7 |
| (c) TOTAL Independent Expenditure | S | | · [| 7 |
| Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party of | of, any candidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 08 | 01 2014 |
| Signature | | | | |

PAGE

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OF

| · · · · · · · · · · · · · · · · · · · | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Michael Vidrine | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1103 West Wilson Street | Amount |
| City State Zip Code | 30.60 |
| Ville Platte LA 70586 | Transaction ID: 251248d5-da50-493e-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 / 29 / 2014 |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| Ms. Mary L Landrieu Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rsement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Elizabeth DeMaine | 07 29 2014 |
| Mailing Address 75 Stephenson Ln | Amount |
| City State Zip Code | 45.00 |
| Sheridan AR 72143 | Transaction ID : 56275bbb-b1ae-4b65-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 |
| Name of Federal Candidate Support Office | Sought: House District:00 |
| Mr. Mark L Pryor Oppose | President State: AR State: |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | orsement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 75.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 0 | 8 01 2014 |
| Signature | |

PAGE

OF

| Schedule E) | | | | PAGE 72 OF 143 FOR SE OF FORM 24/48 |
|--|--------------|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New repo | ort Amends repo | | M / D D / Y N Y N Y |
| Full Name of Payee Elizabeth DeMaine | | | | of Public Distribution/Dissemination |
| Mailing Address 75 Stephenson Ln | | | Amou | 07 29 2014 nt |
| City Sta | ate | 7in Codo | | 16.50 |
| | AR | Zip Code 72143 | | action ID : 0446cafa-c719-410d-9 of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 07 29 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | , | 47295.88 | Disbursement 2014 Or | t For: |
| Full Name of Payee Benjamin Hernandez | | | | of Public Distribution/Dissemination |
| Mailing Address 915 E Market Ave | | | Amou | 07 29 2014 nt |
| City | ate | Zip Code | | 85.00 |
| Searcy A | AR | 72149 | | ction ID : 3406eff0-7689-477e-a of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M | 07 D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | | 47295.88 | Disbursemen 2014 O | t For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | · [| 101.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | · | | | |
| (c) TOTAL Independent Expenditures | | | • | 7 7 7 |
| Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager | r authorized | | | |
| Ms. Emily Buchanan Signature | [Electroni | ically Filed] Date | 08 | 01 2014 |

| ooneddic Ly | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed or | n M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Benjamin Hernandez | 07 |
| Mailing Address 915 E Market Ave | Amount |
| City State Zip Code | 34.80 |
| Searcy AR 72149 | Transaction ID: 66f4fd78-58fa-47bc-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office S | Sought: House District: 00 |
| Mr. Mark I. Pryor | resident State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disburse 2014 | ement For: Primary ⊠ General Other (specify) ▶ |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Anthony Pearson | 07 29 2014 |
| Mailing Address 112 apache Dr | Amount |
| City State Zip Code | 85.00 |
| | ransaction ID : 0cfe97a3-1b5f-4603-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 29 / 2014 |
| Name of Federal Candidate Support Office S | Sought: House District: 00 |
| Mr. Mark L Pryor Oppose P | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disburse 2014 | ement For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 119.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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OF

| Schedule E) | I EXI END | TOTILO | | PAGE 74 OF 143 FOR SE OF FORM 24/48 |
|---|------------------|-----------------------|----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Anthony Pearson | | | Date of Publi | c Distribution/Dissemination |
| Mailing Address 112 apache Dr | | | 07 | 29 2014 |
| | | | Amount | |
| City | State | Zip Code | | 34.80 |
| Search | AR | 72149 | | ID: a6c88675-4524-4a51-9 ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 | 29 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 47295.88 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee | | | Date of Publi | c Distribution/Dissemination |
| Patrice Wolfe | | | M M M 07 | 29 / 2014 |
| Mailing Address 9909 Treasure Hill Rd | | | Amount | |
| City | State | Zip Code | | 12.50 |
| Little Rock | AR | 72205 | | D: cb2c8a33-2659-4cba-b ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 07 | 29 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 47295.88 | Disbursement For: 2014 Other (sp | Primary |
| (a) SUBTOTAL of Itemized Independent Expenditure | S | | | 47.30 |
| (b) OUDTOTAL of Helberiand Indoors deal Formed in | | | 7 | 7 7 |
| (b) SUBTOTAL of Unitermized Independent Expendit | ures | | • | 4 4 |
| (c) TOTAL Independent Expenditures | | | • | 1.7.1.7.1 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | te or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 08 / 01 | 2014 |
| Signature | | | | |

| | | | FOR SE OF FORM 24/48 |
|-----|--|------------------------|---|
| | ME OF COMMITTEE (In Full) | FEC IDE | ENTIFICATION NUMBER ▼ |
| VV | omen Speak Out PAC | C | 00530766 |
| Che | ck if 24-hour report X 48-hour report New report Amends report filed of | on / | D D |
| T | Full Name of Payee Patrice Wolfe | Date of Public | Distribution/Dissemination |
| | | 07 / | 29 / 2014 |
| | Mailing Address 9909 Treasure Hill Rd | Amount | |
| ŀ | City State Zip Code | | 2.40 |
| | | | 0: 577c7a42-73b8-41a9-a sement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 | 29 / 2014 |
| | Name of Federal Candidate Support Office | Sought: | House District: 00 |
| | Mr. Mark L Pryor Oppose | President X | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | sement For: | Primary |
| | Full Name of Payee Lesley Lennox | | Distribution/Dissemination 29 29 2014 |
| | Mailing Address 2305 Cleary Ave | Amount | |
| ľ | City State Zip Code | | 10.00 |
| | Metairie LA 70001 | | : 34490a42-86f8-48ca-a rement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 / | 29 / 2014 |
| | Name of Federal Candidate Support Office | Sought: | House District: 00 |
| | Ms. Mary L Landrieu Oppose | President X | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbur 2014 | sement For: Other (spe | Primary |
| (8 | a) SUBTOTAL of Itemized Independent Expenditures | 7 | 12.40 |
| (l | b) SUBTOTAL of Unitemized Independent Expenditures | - | 4 |
| (0 | c) TOTAL Independent Expenditures | | 1 |
| W | nder penalty of perjury I certify that the independent expenditures reported herein were not madith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent. | | |
| | Ms. Emily Buchanan [Electronically Filed] Date Signature | M / D = D 01 | 2014 |
| | Oignature ———————————————————————————————————— | | |

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| ooneddic Ly | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | te of Public Distribution/Dissemination |
| Lesley Lennox | M 07 |
| Mailing Address 2305 Cleary Ave | ount |
| City State Zip Code | 0.90 |
| Metairie LA 70001 Tra | Insaction ID : a5be4e4d-1199-4991-8 te of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Sou | ught: House District: 00 |
| Ms. Mary L Landrieu Oppose Pres | sident X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | nent For: Primary ⊠ General Other (specify) ▶ |
| Full Name of Payee Date Tammay Williams | te of Public Distribution/Dissemination |
| Tammay Williams | 07 29 2014 |
| Mailing Address 924 N. Prieur St | nount |
| City State Zip Code | 90.00 |
| | nsaction ID: 280c9d81-9a6b-4cc2-a te of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 29 / 2014 |
| Name of Federal Candidate Support Office Sou | ught: House District:00 |
| Ms. Mary L Landrieu Oppose Pres | sident State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disburser 2014 | nent For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 90.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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OF

| | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee Dat | te of Public Distribution/Dissemination |
| Tammay Williams | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 924 N. Prieur St Am | nount |
| City State Zip Code | 15.00 |
| New Orleans LA 70116 Tra | ansaction ID : b27d8777-3ee7-4230-b te of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Sou | ught: House District: 00 |
| Ms Mary Llandrieu | sident Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | nent For: Primary ⊠ General Other (specify) ▶ |
| Full Name of Payee Da Saige Anderson | tte of Public Distribution/Dissemination |
| Mailing Address PO Box 424 | 07 29 2014 nount |
| City State Zip Code | 45.00 |
| Searcy AR 72145 Trai | nsaction ID : 10a0f202-90d4-4a8c-a tte of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Soci | ught: House District: 00 |
| Mr. Mark L Pryor Oppose Pres | |
| Calendar Year-To-Date Per Election for Office Sought Disbursen 2014 | nent For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 60.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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OF

| Schedule E) | VI EXI EIVE | TIONES | PAGE 78 OF 143 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New rep | port Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Saige Anderson | | | 07 29 / 2014 |
| Mailing Address PO Box 424 | | | Amount |
| City | State | Zip Code | 13.86 |
| Searcy | AR | 72145 | Transaction ID : d9d158f7-a20f-4e51-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 29 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 47295.88 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Ethan Cranford | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2012 Caleb Drive | | | Amount |
| City | State | Zip Code | 32.50 |
| Searcy | AR | 72143 | Transaction ID: 77f8040f-51bb-4765-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 47295.88 | Disbursement For: Primary ☐ General 2014 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | ▶ 46.36 |
| /b) CURTOTAL of Uniterpized Independent Evene | ditura a | | |
| (b) SUBTOTAL of Unitermized Independent Expendent | inures | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it | date or authorize | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 9 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| · · | | | |

| Schedule E) | | 101120 | | PAGE 79 OF 143 FOR SE OF FORM 24/48 |
|---|---------------|-----------------------|-------------------------|--|
| NAME OF COMMITTEE (In Full) | | | ı | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New repo | ort Amends repo | | M / D = D / Y = Y = Y |
| Full Name of Payee Ethan Cranford | | | | Public Distribution/Dissemination |
| Mailing Address 2012 Caleb Drive | | | Amoun | 07 30 2014 |
| | | | | |
| 1 ' | State AR | Zip Code 72143 | | 15.60 ction ID : dfeff9f7-3536-41fa-a |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M | f Disbursement or Obligation 7 30 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Presider | Troube Blothett |
| Calendar Year-To-Date Per Election for Office Sought | , | 47295.88 | Disbursement 2014 Oth | For: Primary |
| Full Name of Payee Ms. Tonya Boyd | | | M | f Public Distribution/Dissemination |
| Mailing Address 2357 Fancy Cap Rd | | | Amoun | |
| City | State | Zip Code | - | 90.00 |
| Mt. Airy | NC | 27030 | | tion ID : 3ce977f8-d547-4008-a f Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 07 30 / Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Ms. Kay Hagan | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement 2014 Ot | For: Primary X General her (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | 105.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | ·s | | | |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age | or authorized | | | |
| Ms. Emily Buchanan Signature | [Electroni | cally Filed] Date | M M / | 01 / 2014 |

| | | | FOR SE OF FORM 24/48 |
|--|-----------------------------|------------------------|--|
| NAME OF COMMITTEE (In Fu | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out F | PAC | | C C00530766 |
| Check if 24-hour report | X 48-hour report New rep | ort Amends report file | ed on Mam / Dab / Yayayay |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Ms. Tonya Boyd | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2357 Fan | cy Cap Rd | | Amount |
| City | State | Zip Code | 22.50 |
| Mt. Airy | NC | 27030 | Transaction ID : 268462fd-05dd-47a4-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidat | е | Support Off | ice Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office | | Dis 199725.07 201 | bursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Pound, Feinstein & | Associates | | 07 30 2014 |
| Mailing Address 5614 C | onnecticut Ave, NW Ste 270 | | Amount |
| City | State | Zip Code | 6451.25 |
| Washington | DC | 20015 | Transaction ID: b0e7f5b9-492a-4176-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Doorhangers | | Category/ Type 004 | 07 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidat | е | Support Off | ice Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office | | 199725.07 Dis 20 | sbursement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized | Independent Expenditures | ····· | 6473.75 |
| (b) SUBTOTAL of Unitemiz | ed Independent Expenditures | ····· | |
| (c) TOTAL Independent Ex | penditures | • | |
| with, or at the request or su | | | made in cooperation, consultation, or concert ner, or (if the reporting entity is not a political |
| Ms. Emily Bucho | | ically Filed] Date | 08 01 Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| Signature | | | |

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OF

| , | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out FAC | C C00530766 |
| Check if 24-hour report X 48-hour report New | report Amends report filed on Amends report |
| Full Name of Payee Christine B Long | Date of Public Distribution/Dissemination |
| | 07 30 / Y Y Y Y Y Y |
| Mailing Address 3121 Charleycote Dr | Amount |
| City State | Zip Code 15.00 |
| Raleigh NC | 27614 Transaction ID : f78d6e56-132b-4a92-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 07 07 30 7 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Christine B Long Mailing Address 3121 Charleycote Dr | Date of Public Distribution/Dissemination 07 |
| City State | Zip Code 6.00 |
| Raleigh NC | 27614 Transaction ID : e81f0096-7c10-4245-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 07 / 30 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 21.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | ······································ |
| | cures reported herein were not made in cooperation, consultation, or concert rized committee or agent of either, or (if the reporting entity is not a political |
| | ctronically Filed] Date 08 01 2014 |
| Signature | |

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OF

| | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report | Amends report filed on M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Lorri Anderson | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 7214 Duchamp Dr | Amount |
| City State Zip Co | ode 30.00 |
| Charlotte NC 23215 | |
| | gory/ Type 001 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 199725. | Disbursement For: Primary |
| Full Name of Payer | |
| Full Name of Payee Lorri Anderson | Date of Public Distribution/Dissemination 07 30 2014 |
| Mailing Address 7214 Duchamp Dr | Amount |
| City State Zip Co | ode 9.60 |
| Charlotte NC 2321 | |
| | gory/ 002 07 / 30 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 199 | Disbursement For: ☐ Primary ☐ General Other (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditures | 39.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically F. | Filed] Date 08 01 2014 |
| Signature | 544 |

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OF

| Schedule E) | PAGE 83 OF 143 FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Anthony Ruchanan | of Public Distribution/Dissemination |
| Mailing Address 1090 McHone Rd Amou | 07 30 2014 unt |
| City State Zip Code | 60.00 |
| Spruce Pine NC 28777 Trans | saction ID : a99fd5a2-4b02-4575-9 of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | M M 7 |
| Name of Federal Candidate Support Office Soug | ht: House District: 00 |
| Ms. Kay Hagan Oppose Presid | dent Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 | ent For: |
| Full Name of Payee James Kindstedt Date | of Public Distribution/Dissemination |
| Mailing Address 5510 Dogwood Dr Amo | 07 30 2014 ount |
| City State Zip Code | 30.00 |
| Winston Salem NC 27105 Trans Date | saction ID: 99772304-f82d-4934-8 of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 |
| Name of Federal Candidate Support Office Soug | ght: House District: 00 |
| Ms. Kay Hagan Presid | |
| Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 | ent For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | 90.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date Signature | 01 / 2014 |

| | | FOR SE OF FORM 24/48 |
|-----|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | James Kindstedt | 07 |
| | Mailing Address 5510 Dogwood Dr | Amount |
| ŀ | City State Zip Code | 6.39 |
| | Winston Salem NC 27105 | Transaction ID : e39f1bdf-aa3a-4983-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 30 7 2014 |
| j | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbur 2014 | rsement For: Primary General Other (specify) |
| ŀ | Full Name of Payee Joanna Kindstedt | Date of Public Distribution/Dissemination |
| | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 2134 Tobaccoville Rd | Amount |
| | City State Zip Code | 30.00 |
| | | Transaction ID : 9ccc94b4-ed0f-44eb-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 / 30 / 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: Primary |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 36.39 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| (c) TOTAL Independent Expenditures | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not market, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 08 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | |

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OF

| | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report | ort Amends report filed on Amends report filed on |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Amanda Boley | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address Split Oak Drive | Amount |
| City State | Zip Code 32.50 |
| charlotte NC | 28227 Transaction ID : 1527a02f-876f-4ecd-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 07 30 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Mary L Landrieu | Oppose President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2014 Other (acceid) |
| 5 11 11 15 | Other (specify) ▶ |
| Full Name of Payee Amanda Boley | Date of Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address Split Oak Drive | Amount |
| City State | Zip Code 9.57 |
| charlotte NC | 28227 Transaction ID : 79a99d35-b03b-437f-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 07 / 30 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District:00 |
| Ms. Mary L Landrieu | Oppose President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 79182.49 Disbursement For: ☐ Primary ☐ General Other (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditures | 42.07 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | · · · · · · · · · · · · · · · · · · · |
| | reported herein were not made in cooperation, consultation, or concert committee or agent of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan [Electroni | cally Filed] Date 08 01 2014 |
| Signature | |

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| oblicatio E) | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | e of Public Distribution/Dissemination |
| Gabriella E Hansen | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 310 West Meath Drive Amo | punt |
| City State Zip Code | 15.00 |
| Winterville NC 28590 Train | nsaction ID : 491932fd-b1ba-421c-b e of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | M 07 / 30 / Y 2014 |
| Name of Federal Candidate Support Office Sou | ght: House District: 00 |
| Ms. Kay Hagan Presi | |
| Calendar Year-To-Date Per Election for Office Sought Disburseme | |
| | Other (specify) |
| Full Name of Payee Jennie Butler Date | e of Public Distribution/Dissemination |
| Mailing Address 1676 Shady Creek Rd Amo | 07 30 2014 ount |
| City State Zip Code | 15.00 |
| | saction ID: 06b9295f-f85e-4991-9 e of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 |
| Name of Federal Candidate Support Office Sou | ght: House District:00 |
| Ms. Kay Hagan Pres | ident State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | ent For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 30.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 7 7 |
| (c) TOTAL Independent Expenditures | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | 01 2014 |
| Signature | |

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OF

| Schedule E) | VI EXI END | HORLS | PAGE 87 OF 19 FOR SE OF FORM 24/4 | 43 8 |
|---|-------------------|-----------------------|--|---------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER | R▼ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | New rep | oort Amends repo | t filed on | Y |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | on |
| Jennie Butler | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y |
| Mailing Address 1676 Shady Creek Rd | | | Amount | |
| City | State | Zip Code | 5.7 | 73 |
| Ayden | NC | 28513 | Transaction ID : 54662be4-efb5-4e62- Date of Disbursement or Obligation | 8 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 / 30 / 2014 | Y |
| Name of Federal Candidate | | Support | Office Sought: House District: | 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: N | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: Primary Gen 2014 Other (specify) ▶ | ieral |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | on |
| Emily Butler | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y |
| Mailing Address 1676 Shady Creek Rd | | | Amount | |
| City | State | Zip Code | 38.30 | 0 |
| Ayden | NC | 28513 | Transaction ID: e4e0ee2e-67cb-434d- Date of Disbursement or Obligation | a |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / 30 / Y 2014 | Y |
| Name of Federal Candidate | | Support | Office Sought: House District: | 00 |
| Ms. Kay Hagan | | Oppose | President State: N | |
| Calendar Year-To-Date Per Election for Office Sought | <u> </u> | 199725.07 | Disbursement For: ☐ Primary ☐ Ger 2014 ☐ Other (specify) ▶ | neral |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | 44.03 | j |
| | | | | |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | • | |
| (c) TOTAL Independent Expenditures | | | > | |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its | ate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| - 9 | | | | |

| Schedule E) | T EXI END | | | PAGE 88 OF 143 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|-----------------------------|---|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | ert filed on | M / D = D / Y = Y = Y |
| Z4-flour report | New Tep | ort Amends repo | It filled off | |
| Full Name of Payee Emily Butler | | | Date of | |
| Mailing Address 1676 Shady Creek Rd | | | Amount | |
| City | State | Zip Code | | 6.93 |
| Ayden | NC | 28513 | | tion ID: 5b77f34f-b58c-4e3f-a Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 0 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 99725.07 | Disbursement F 2014 Othe | For: |
| Full Name of Payee Allie Butler | | | Date of | Public Distribution/Dissemination |
| | | | O | |
| Mailing Address 1676 Shady Creek Rd | | | Amount | |
| City | State | Zip Code | | 40.00 |
| Ayden | NC | 28513 | Transact Date of | ion ID : f9c0aecb-3bfc-4098-b Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 | 7 30 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | Presiden | t Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 199725.07 | Disbursement I 2014 Oth | For: Primary X General er (specify) ▶ |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | · - - | 46.93 |
| (b) SUBTOTAL of Unitemized Independent Expendi | tures | | · • | 7.1.7.1.5.1 |
| (c) TOTAL Independent Expenditures | | | · . | 7 1 7 1 7 1 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its | ate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | | 01 2014 |
| Signature | | _ | | |

| Schedule E) | JENT EXILITE | TIONES | PAGE 89 OF 143 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Allie Butler | | | 07 |
| Mailing Address 1676 Shady Creek Rd | | | Amount |
| City | State | Zip Code | 6.93 |
| Ayden | NC | 28513 | Transaction ID: 65431279-7a51-448c-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 30 / Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Christopher L Grau | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2328 Caplis Sligo Rd | | | Amount |
| City | State | Zip Code | 30.00 |
| Bossier City | LA | 71112 | Transaction ID: 4a39f107-0f24-46f3-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 30 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | . ▶ 36.93 |
| (b) SUBTOTAL of Unitemized Independent Ex | penditures | | . • |
| | | | 4 4 |
| (c) TOTAL Independent Expenditures | | | > |
| | andidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 01 7 2014 |
| S.g.iataro | | | |

| , | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report | ort filed on |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Christopher L Grau | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2328 Caplis Sligo Rd | Amount |
| City State Zip Code | 15.00 |
| Bossier City LA 71112 | Transaction ID : 1e952ea3-6442-49fa-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 / 30 / 2014 |
| Name of Federal Candidate Support | Office Sought: House District:00 |
| Ms. Mary L Landrieu Oppose | President X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 79182.49 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Steven Best | 07 30 2014 |
| Mailing Address 103 Washington Ave | Amount |
| City State Zip Code | 33.00 |
| Newport NC 28570 | Transaction ID: 6f7cf1eb-e3d6-41d6-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support | Office Sought: House District:00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 199725.07 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 48.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | · · · · · · · · · · · · · · · · · · · |
| (c) TOTAL Independent Expenditures | • |
| Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent c party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 9 08 01 2014 |
| Signature | |

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OF

| Women Speak Out PAC Check if 24-hour report 48-hour report New report Amends report filed on State 24-hour report 1974 Amends report filed on |
|--|
| Check if 24-hour report 48-hour report Date of Public Distribution/Disseminal Amount Full Name of Payee Steven Best City |
| Check if 24-hour report |
| Steven Best Mailing Address 103 Washington Ave City State Zip Code Newport NC 28570 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd City State Zip Code Purpose of Expenditure Support Office Sought: House District: Primary Senate State: Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd Category/ Type 001 Transaction ID : 764bra6c-5513-4686 Date of Disbursement or Obligation Purpose of Expenditure Category/ Type 001 Transaction ID : 066b7c69-1286-4c78 Date of Disbursement or Obligation Transaction ID : 066b7c69-1286-4c78 Date of Disbursement or Obligation Transaction ID : 066b7c69-1286-4c78 Date of Disbursement or Obligation Transaction ID : 066b7c69-1286-4c78 Date of Disbursement or Obligation Transaction ID : 066b7c69-1286-4c78 Date of Disbursement or Obligation |
| Mailing Address 103 Washington Ave City State Zip Code Newport NC 28570 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd City State Zip Code AR 72204 Name of Expenditure Salary Category/ Type 001 Transaction ID: 764bfa6c-5513-4e8t Date of Disbursement or Obligation Category/ Type 002 Transaction ID: 764bfa6c-5513-4e8t Date of Disbursement For Date President State: □ Category/ Type 002 Transaction ID: 764bfa6c-5513-4e8t Date of Disbursement For Date President State: □ Category/ Type Date of Public Distribution/Dissemina Transaction ID: 764bfa6c-5513-4e8t Date of Disbursement For Date Primary State: □ Category/ Type Date of Public Distribution/Dissemina Transaction ID: 764bfa6c-5513-4e8t Date of Disbursement For Date Primary State: □ Category/ Type Date of Public Distribution/Dissemina Transaction ID: 764bfa6c-5513-4e8t Date of Disbursement For Date Date of Public Distribution/Dissemina Type Date of Public Distribution/Dissemina Transaction ID: 764bfa6c-5513-4e8t Date of Disbursement For Date Date of Public Distribution/Dissemina Type Date of Public Distribution/Dissemina Transaction ID: 764bfa6c-5513-4e8t Date of Disbursement For Date Date of Public Distribution/Dissemina Type Date of Public Distribution/Dissemina |
| City State Zip Code Newport NC 28570 Transaction ID : 764bfa6c-5513-4e8t Date of Disbursement or Obligation Purpose of Expenditure Mileage Support Ms. Kay Hagan Support Ms. Kay Hagan Support Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd City State Zip Code Little Rock AR 72204 Purpose of Expenditure Salary Amount Amount Amount Amount Amount Amount Amount Amount Amount Category/ Type 001 Amount Amount Amount Amount Category/ Type 001 Amount Amount Category/ Type 001 Amount Amount Amount Amount Category/ Type 001 Amount Category/ Type 001 Amount Amount Category/ Type 001 Amount Amount Category/ Type 001 Mg M |
| Newport NC 28570 Transaction ID: 764bfa6c-5513-4e8c Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd Category/ Type Category/ Type O05 Transaction ID: 764bfa6c-5513-4e8c Date of Disbursement or Obligation M M M M Senate Support Office Sought: House Disbursement For: Primary Ge 2014 Other (specify) Transaction ID: 066b7c69-f286-4c78- Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type O01 Transaction ID: 066b7c69-f286-4c78- Date of Disbursement or Obligation M M M M M M M M M M M M M M M M M M M |
| Newport NC 28570 Transaction ID: 764bfa6c-5513-4e8c Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd Category/ Type O05 Transaction ID: 764bfa6c-5513-4e8c Date of Disbursement or Obligation M M M M Senate Support Office Sought: House Disbursement For: Primary Ge 2014 Other (specify) Transaction ID: 066b7c69-f286-4c78- Date of Disbursement or Obligation Transaction ID: 764bfa6c-5513-4e8c Date of Disbursement or Obligation M M M M M M M M M M M M M M M M M M M |
| Purpose of Expenditure Mileage Name of Federal Candidate |
| Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd City State Zip Code Little Rock AR 72204 Category/ Type Oince Sought President Senate State: Primary Ge 2014 Other (specify) Date of Public Distribution/Dissemina Amount Transaction ID: 066b7c69-f286-4c78 Date of Disbursement or Obligation Morm of Disbursement or Obligation Category/ Type Ond Morm of Federal Candidate |
| Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd City State Zip Code Little Rock AR 72204 Purpose of Expenditure Salary Disbursement For: Primary Ge 2014 Other (specify) ▶ Date of Public Distribution/Dissemina Amount Transaction ID : 066b7c69-f286-4c78- Date of Disbursement or Obligation Mo7 30 / Y 2014 Name of Federal Cardidate |
| Per Election for Office Sought Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd City State Zip Code Little Rock AR 72204 Purpose of Expenditure Salary Category/ Type 001 Cother (specify) ▶ Date of Public Distribution/Dissemina Amount Transaction ID: 066b7c69-f286-4c78- Date of Disbursement or Obligation M |
| Full Name of Payee Ralphie Lockhart Mailing Address 6310 Col Glenn Rd City State Zip Code Little Rock AR 72204 Purpose of Expenditure Salary Date of Public Distribution/Dissemina Amount Transaction ID: 066b7c69-f286-4c78- Date of Disbursement or Obligation Category/ Type 001 Name of Foderal Candidate |
| Mailing Address 6310 Col Glenn Rd City State Zip Code Little Rock AR 72204 Purpose of Expenditure Salary Category/ Type 001 Name of Endorch Condidate |
| City State Zip Code Little Rock AR 72204 Purpose of Expenditure Salary Category/ Type 001 Category/ Type 001 Category/ Type 001 Name of Endored Candidate |
| Little Rock AR 72204 Transaction ID: 066b7c69-f286-4c78- Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Endored Candidate |
| Purpose of Expenditure Salary Date of Disbursement or Obligation Category/ Type O01 O7 O7 O7 O7 O7 O7 O7 O7 O7 O |
| Purpose of Expenditure Salary Category/ Type 001 07 30 Y 2014 |
| Name of Federal Candidate Support Office Sought: House District |
| Support Suppor |
| Mr. Mark L Pryor Oppose President Senate State: |
| Calendar Year-To-Date Per Election for Office Sought A7295.88 Disbursement For: Primary 2014 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures |
| (b) SUBTOTAL of Unitemized Independent Expenditures |
| (c) TOTAL Independent Expenditures |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or corwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a pol party committee) any political party committee or its agent. |
| Ms. Emily Buchanan [Electronically Filed] Date 08 01 2014 |
| Signature |

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| Full Name of Payee OBrian Price Mailing Address 2400 Covenant Cove Amount City State Zip Code Little Rock AR 72204 Purpose of Expenditure Salary Category/ Tiype Category/ Tiype Office Sought: House District: Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee OBrian Price Date of Public Distribution/Dissemination Office Sought: House District: Office Sought Transaction ID : 675e7fb2-0d3t-408f-9 Date of Disbursement or Obligation Office Sought: House District: Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee OBrian Price Date of Public Distribution/Dissemination Office Sought: Primary Gene OBrian Price Date of Public Distribution/Dissemination Office Sought: Primary Office Sought | /48 |
|---|--------|
| Check if | ER▼ |
| Check if | |
| Mailing Address 2400 Covenant Cove Mailing Address 2400 Covenant Cove Amount | Y |
| Mailing Address 2400 Covenant Cove City State Zip Code Little Rock AR 72204 Purpose of Expenditure Salary Category/ Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mailing Address 2400 Covenant Cove Category/ Mailing Address 2400 Covenant Cove Mailing Address 2400 Covenant Cove Category/ Mailing Address 2400 Covenant Cove Category/ Mailing Address 2400 Covenant Cove Category/ Mileage Category/ Mi | tion |
| City State Zip Code Little Rock AR 72204 Purpose of Expenditure Salary Category/ | Y |
| Little Rock AR 72204 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mailing Address 2400 Covenant Cove Category/ Mark L Pryor Category/ Type 001 Category/ Type 002 Category/ Typ | |
| Little Rock AR 72204 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mailing Address 2400 Covenant Cove Category/ Mark L Pryor Category/ Type 001 Category/ Type 002 Category/ Typ | 0.00 |
| Purpose of Expenditure Salary Category/ Type | |
| Mr. Mark L Pryor Support College Sought College S | |
| Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee OBrian Price Mailing Address 2400 Covenant Cove Mailing Address 2400 Covenant Cove City State Zip Code Little Rock AR 72204 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Arount Disbursement For: Primary X Gene President X Senate State: — Primary X Senate State: | 00 |
| Per Election for Office Sought Full Name of Payee OBrian Price Mailing Address 2400 Covenant Cove Mailing Address 2400 Covenant Cove City State Zip Code Little Rock AR 72204 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought A7295.88 Other (specify) ▶ Date of Public Distribution/Disseminatio Amount Transaction ID: 79127cfb-746f-431e-b Date of Disbursement or Obligation Office Sought: House District: Office Sought Senate State: AF Disbursement For: Primary General Candidate A7295.88 Disbursement For: Primary General Candidate Other (specify) ▶ Other (specify) ▶ | AR |
| Full Name of Payee OBrian Price Mailing Address 2400 Covenant Cove Mailing Address 2400 Covenant Cove City State Zip Code Little Rock AR 72204 Purpose of Expenditure Mileage Category/ Type OD2 Transaction ID: 79127cfb-746f-431e-b Date of Disbursement or Obligation M M M OT OT OT OTHER SOUGHT. Amount Category/ Type OD2 OT OT OTHER SOUGHT. For Election for Office Sought Amount Transaction ID: 79127cfb-746f-431e-b Date of Disbursement or Obligation OT OT OTHER SOUGHT. Amount Transaction ID: 79127cfb-746f-431e-b Date of Disbursement or Obligation OT OT OTHER SOUGHT. Amount Category/ Type OT OT OTHER SOUGHT. Amount Transaction ID: 79127cfb-746f-431e-b Date of Disbursement or Obligation OT OT OTHER SOUGHT. Amount Category/ OT OT OTHER SOUGHT. AF Calendar Year-To-Date Per Election for Office Sought Other (specify) | neral |
| OBrian Price Mailing Address 2400 Covenant Cove Amount City State Zip Code Little Rock AR 72204 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mm M M M M M M M M M M M M M M M M M M | |
| Mailing Address 2400 Covenant Cove City State Zip Code Little Rock AR 72204 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Amount Transaction ID : 79127cfb-746f-431e-b Date of Disbursement or Obligation Mr. More Sought: House District:0t | Y Y |
| Little Rock AR 72204 Transaction ID: 79127cfb-746f-431e-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought AR 72204 Transaction ID: 79127cfb-746f-431e-b Date of Disbursement or Obligation O7 30 Y 2014 O7 Support Oppose President Senate State: AF Other (specify) Other (specify) Other (specify) | |
| Little Rock AR 72204 Transaction ID: 79127cfb-746f-431e-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought AR 72204 Transaction ID: 79127cfb-746f-431e-b Date of Disbursement or Obligation O7 30 Y 2014 O7 Support Oppose President Senate State: AF Other (specify) Other (specify) Other (specify) | 00 |
| Purpose of Expenditure Mileage Category/ Type O02 Mo7 O7 O7 O7 O7 O7 O7 O7 O7 O7 | b |
| Mr. Mark L Pryor Support Office Sought Floate District. Senate State: AF | |
| Calendar Year-To-Date Per Election for Office Sought 47295.88 Disbursement For: □ Primary □ General 2014 □ Other (specify) ▶ | 00 |
| Per Election for Office Sought 47295.88 2014 Other (specify) ▶ | AR |
| (a) SUBTOTAL of Itemized Independent Expenditures | eneral |
| |) |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 01 2014 | |
| Signature | |

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| Schedule E) | VI EXI END | TIONES | _ | PAGE 93 OF 143 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|------------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | NTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C co | 00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public I | Distribution/Dissemination |
| Larry Freeman | | | M = M / | 30 / 2014 |
| Mailing Address 11214 Mesa drive | | | Amount | |
| City | State | Zip Code | | 20.00 |
| Little rock | AR | 72211 | | : b53c7e31-d2ae-416c-9 ement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M M / 07 | 30 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President X | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 47295.88 | Disbursement For: 2014 Other (spec | Primary |
| Full Name of Payee | | | Date of Public I | Distribution/Dissemination |
| Virginia M Stevens | | | 07 | 30 / 2014 |
| Mailing Address 1691 Fork Mtn Rd | | | Amount | |
| City | State | Zip Code | | 50.00 |
| Bakersville | NC | 28705 | | d3c77def-1c5e-4cb5-8 sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 07 / | 30 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 199725.07 | Disbursement For: 2014 Other (spec | Primary |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | • | 70.00 |
| (b) SUBTOTAL of Unitemized Independent Expend | litures | | | |
| (b) SOBTOTAL OF CHIRCHIES OF HISOSPORGER EXPONE | | | | 4 |
| (c) TOTAL Independent Expenditures | | | > | 4 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its | late or authorize | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 / 01 | 2014 |
| - 9 | | | | |

| Schedule E) | PAGE 94 OF 143 FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report file | led on Man / Dab / Yayayay |
| Full Name of Payee Virginia M Stevens | Date of Public Distribution/Dissemination |
| Mailing Address 1691 Fork Mtn Rd | 07 30 2014 |
| | Amount |
| City State Zip Code | 27.90 |
| Bakersville NC 28705 | Transaction ID: 9b721da7-cfce-4df2-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 |
| Name of Federal Candidate Support Of | fice Sought: House District:00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calcidat Ical to Date | sbursement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Malinda Ledford | 07 |
| Mailing Address 44 Bell Street Ext | Amount |
| City State Zip Code | 50.00 |
| Spruce Pine NC 28777 | Transaction ID : cc9df961-6d36-4a43-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 |
| Name of Federal Candidate Support Of | ffice Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| | isbursement For: Primary General O14 Other (specify) |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 77.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 08 01 2014 |
| Signature | |

| | medule Ly | FOR SE OF FORM 24/48 |
|----|---|---|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Malinda Ledford | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 44 Bell Street Ext | Amount |
| | City State Zip Code | 27.90 |
| | Spruce Pine NC 28777 | Transaction ID: c8d3b208-7782-460c-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rrsement For: Primary X General |
| | Tot Election for Smoot Stagin | Other (specify) - |
| | Full Name of Payee Erika Burfield | Date of Public Distribution/Dissemination |
| | Mailing Address 2939 Country Club Drive | 07 30 2014 Amount |
| | | , |
| | City State Zip Code | 20.00 |
| | Hampstead NC 28443 | Transaction ID: d3ec557d-99d0-4ff1-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | orsement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 47.90 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| , | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 0 | |
| | Signature | |
| | | |

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OF

| | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | e of Public Distribution/Dissemination |
| Erika Burfield | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2939 Country Club Drive | ount |
| City State Zip Code | 3.60 |
| Hampstead NC 28443 Trail | nsaction ID: e4c9385d-69b9-45bf-9 e of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 |
| Name of Federal Candidate Support Office Sou | ight: House District:00 |
| Me Kay Hagan | sident State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | |
| Full Name of Days | Other (specify) |
| Full Name of Payee Kassidy L Tyer | te of Public Distribution/Dissemination 07 30 2014 |
| Mailing Address 41 Hawk Hollow Trail | 07 30 2014 nount |
| City State Zip Code | 30.00 |
| Burgaw NC 28425 Tran | nsaction ID : 5d0fdc64-10aa-46d4-a te of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 |
| Name of Federal Candidate Support Office Sou | ught: House District:00 |
| Ms. Kay Hagan Oppose Pres | sident State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | nent For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 33.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | / D D / Y Y Y Y Y Y O14 |
| Signature | |

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OF

| Schedule E) | PAGE 97 OF 143 FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y = Y |
| Full Name of Payee Kassidy L Tyer | e of Public Distribution/Dissemination |
| Mailing Address 41 Hawk Hollow Trail Amo | 07 30 2014 ount |
| | |
| | 10.50 nsaction ID : 177c8501-d765-4c97-b |
| Purpose of Expenditure Mileage Category/ Type 002 | of Disbursement or Obligation 07 / 30 / 2014 |
| Name of Federal Candidate Support Office Sough | ght: House District: 00 |
| Ms. Kay Hagan Ms. Kay Hagan Presi | yric Diotriot. —— |
| Calendar Year-To-Date Per Election for Office Sought Disbursemed 2014 | ent For: Primary ⊠ General Other (specify) ▶ |
| Full Name of Payee Date Francesca Blom | e of Public Distribution/Dissemination |
| Mailing Address 101 Asbury Ct | 07 30 2014 |
| | 7.011. |
| | 80.00 saction ID : ed6ae050-8de7-46fa-a |
| Purpose of Expenditure Salary Category/ Type 001 | e of Disbursement or Obligation 07 |
| Name of Federal Candidate Support Office Sough | ght: House District: 00 |
| Ms. Kay Hagan | ident Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 | ent For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 90.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 7 7 5 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date Signature | 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

| · · · · · · · · · · · · · · · · · · · | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report Ne | ew report Amends report filed on Amends report |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Antoinette Franklin | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 8822 Apple St | Amount |
| City State | Zip Code 45.00 |
| New Orleans LA | 70188 Transaction ID : ee1cede4-6947-47c8-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 07 30 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Mary L Landrieu | Oppose President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 79182.49 Disbursement For: ☐ Primary ☐ General 2014 Other (specify) ▶ |
| Full Name of Payee John Voholetz Mailing Address 718 N MacMillan Avenue | Date of Public Distribution/Dissemination M M M / 30 / Y 2014 Amount |
| City State | Zip Code 40.00 |
| Wilmington NC | 28803 Transaction ID : f80ef6dd-fd39-4989-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 07 30 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2014 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 85.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | > |
| (c) TOTAL Independent Expenditures | ······································ |
| | ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political |
| | Clectronically Filed] Date 08 01 2014 |
| Signature | |

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| | medule L) | FOR SE OF FORM 24/48 | | | |
|----|---|---|--|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | | |
| ۷۱ | Vomen Speak Out PAC | C C00530766 | | | |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y | | | |
| | Full Name of Payee | Date of Public Distribution/Dissemination | | | |
| | John Voholetz | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | Mailing Address 718 N MacMillan Avenue | Amount | | | |
| | City State Zip Code | 4.50 | | | |
| | Wilmington NC 28803 | Transaction ID: 80696176-1758-43f5-b Date of Disbursement or Obligation | | | |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | Name of Federal Candidate Support Office | e Sought: House District:00 | | | |
| | Ms. Kay Hagan Oppose | President State: NC | | | |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 199725.07 Disbut 199725.07 | ursement For: Primary X General | | | |
| | Tel Election for Office Sought | Other (specify) | | | |
| | Full Name of Payee Carmen Maddrey | Date of Public Distribution/Dissemination | | | |
| | Mailing Address 2043 Nottingham Ln | 07 30 2014 Amount | | | |
| | City State Zip Code | 50.00 | | | |
| | Burlington NC 27215 | Transaction ID: e5a123f8-ef74-4b88-a Date of Disbursement or Obligation | | | |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 | | | |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 | | | |
| | | President State: NC | | | |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ | | | |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 54.50 | | | |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| | (c) TOTAL Independent Expenditures | | | | |
| , | Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| | CT1 | 8 01 2014 | | | |
| | Signature | | | | |
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| | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report file | ed on Mam / Dab / Yayayay |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Carmen Maddrey | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2043 Nottingham Ln | Amount |
| City State Zip Code | 3.30 |
| Burlington NC 27215 | Transaction ID: 50b4981d-1895-4388-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 / 30 / 2014 |
| Name of Federal Candidate Support Off | ice Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Dis 201 | sbursement For: Primary |
| Full Name of Payee | |
| Phillip Williams | Date of Public Distribution/Dissemination 07 30 2014 |
| Mailing Address 3007 Darden Rd | Amount |
| City State Zip Code | 45.00 |
| Greensboro NC 27407 | Transaction ID: 42e79c37-ad15-471f-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 / 30 / 2014 |
| Name of Federal Candidate Support Off | fice Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| | sbursement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 48.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 08 01 2014 |
| Signature | |

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OF

| <u> </u> | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | ate of Public Distribution/Dissemination |
| Phillip Williams | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3007 Darden Rd | nount |
| City State Zip Code | 13.20 |
| Greensboro NC 27407 Tra | ansaction ID: 912d23ed-bf1b-4ec2-a ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 |
| Name of Federal Candidate Support Office So | ought: House District:00 |
| Mc Kay Hagan | esident State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disburser 2014 | |
| Full Name of Payer | Other (specify) |
| Full Name of Payee Beverly Williams | ate of Public Distribution/Dissemination 07 30 2014 |
| Mailing Address 3007 Darden Rd | 07 30 2014 mount |
| City State Zip Code | 45.00 |
| | insaction ID: 6bf32c5c-b4ad-421a-a ate of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 30 / Y Y Y Y Y Y |
| Name of Federal Candidate Support Office So | ought: House District: 00 |
| Ms. Kay Hagan Pre | esident State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disburser 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 58.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | 01 2014 |
| Signature | |

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OF

| Schedule E) | PAGE 102 OF 143 FOR SE OF FORM 24/48 | | | |
|---|---|--|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | | |
| Women Speak Out PAC | C C00530766 | | | |
| Check if 24-hour report X 48-hour report New report Amends report file | led on M M / D D / Y Y Y Y Y | | | |
| Full Name of Payee Barbara A Williams | Date of Public Distribution/Dissemination | | | |
| Mailing Address 3002 Darden Rd | 07 30 2014 Amount | | | |
| Apt A | | | | |
| City State Zip Code Greensboro NC 27407 | 100.00 Transaction ID : 9bf4928e-4266-4d57-b | | | |
| Purpose of Expenditure Salary Category/ Type 001 | Date of Disbursement or Obligation 07 30 2014 | | | |
| Name of Federal Candidate Support Of | fice Sought: House District: 00 | | | |
| Ms. Kay Hagan Oppose | President Senate State: NC | | | |
| Calendar Year-To-Date Per Election for Office Sought Diagram 199725.07 | sbursement For: Primary | | | |
| Full Name of Payee Peter Sahuc | Date of Public Distribution/Dissemination | | | |
| Mailing Address 107 Phillip Ave | 07 30 2014 Amount | | | |
| City State Zip Code | 30.00 | | | |
| Lafayette LA 70503 | Transaction ID: 80e0b03f-457b-4872-a Date of Disbursement or Obligation | | | |
| Purpose of Expenditure Salary Category/ Type 001 | 07 30 2014 | | | |
| Name of Federal Candidate Support Of | ffice Sought: House District:00 | | | |
| Ms. Mary L Landrieu Oppose | President Senate State: LA | | | |
| | sbursement For: | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 130.00 | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Ms. Emily Buchanan [Electronically Filed] Date | 08 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |

| | include Ly | FOR SE OF FORM 24/48 |
|----|---|---|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Peter Sahuc | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 107 Phillip Ave | Amount |
| | City State Zip Code | 1.26 |
| | Lafayette LA 70503 | Transaction ID: b40d743a-1085-4d58-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President State: LA |
| | TO A COLOR TO BUILD | ursement For: Primary X General |
| | Per Election for Office Sought 79182.49 2014 | Other (specify) ▶ |
| | Full Name of Payee Sarah Nugent | Date of Public Distribution/Dissemination |
| | Mailing Address 2 White Oak Court | 07 30 2014 Amount |
| | | |
| | City State Zip Code Searcy AR 72143 | 40.00 Transaction ID : 2e03e89e-6e40-4ab5-b |
| | Purnose of Evnanditure | Date of Disbursement or Obligation |
| | Salary Category/ Type 001 | 07 30 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President State: AR State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 41.26 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | CTC1 | 8 01 2014 |
| | Signature | |
| | | |

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| Schedule E) | T EXI END | TIONES | PAGE 104 OF 143 FOR SE OF FORM 24/48 | | | |
|---|-------------|-----------------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ | | | |
| Women Speak Out PAC | | | | | | |
| Check if 24-hour report X 48-hour report New report Amends report filed on | | | | | | |
| Full Name of Payee Sarah Nugent | | | Date of Public Distribution/Dissemination | | | |
| Mailing Address 2 White Oak Court | | | 07 30 2014 Amount | | | |
| City | Otata | 7:n Cada | 1110 | | | |
| City Searcy | State AR | Zip Code 72143 | 14.19 Transaction ID: 6f02971c-1b9d-49f2-a Date of Disbursement or Obligation | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 | | | |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 | | | |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR | | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 1 7 | 47295.88 | Disbursement For: | | | |
| Full Name of Payee Barbara E Spritz | | | Date of Public Distribution/Dissemination | | | |
| Mailing Address 3346 Durham St Ext | | | 07 30 2014 Amount | | | |
| City | State | Zip Code | 35.00 | | | |
| City Burlington | NC | 27217 | Transaction ID : 2b13d4fc-4a24-4213-8 Date of Disbursement or Obligation | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 30 7 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 | | | |
| Ms. Kay Hagan | | Oppose | President Senate State: NC | | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 199725.07 | Disbursement For: Primary General 2014 General Other (specify) ▶ | | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | 49.19 | | | |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | | | | |
| | | | | | | |
| (c) TOTAL Independent Expenditures | | | > | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | |
| Ms. Emily Buchanan Signature | [Electroi | nically Filed] Date | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Signature | | | | | | |

| | include Ly | FOR SE OF FORM 24/48 | | | |
|----|---|---|--|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | | |
| V | Vomen Speak Out PAC | C C00530766 | | | |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y | | | |
| | Full Name of Payee | Date of Public Distribution/Dissemination | | | |
| | Barbara E Spritz | 07 30 / Y Y Y Y Y Y | | | |
| | Mailing Address 3346 Durham St Ext | Amount | | | |
| | City State Zip Code | 3.30 | | | |
| | Burlington NC 27217 | Transaction ID: e0857a26-db51-42cd-9 Date of Disbursement or Obligation | | | |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 | | | |
| | Ms. Kay Hagan Oppose | President State: NC | | | |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 199725.07 Disbut 199725.07 | ursement For: Primary X General | | | |
| | Tot Elocation for Clinica Goodgita | Other (specify) | | | |
| | Full Name of Payee Zachary Vidrine | Date of Public Distribution/Dissemination | | | |
| | Mailing Address 202 Rue Des Cajun | 07 30 2014 Amount | | | |
| | City State Zip Code | 40.00 | | | |
| | Ville Platte LA 70586 | Transaction ID : a0b28817-3a6a-429f-b | | | |
| | Purpose of Expenditure Salary Category/ Type 001 | Date of Disbursement or Obligation 07 30 2014 | | | |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 | | | |
| | Ms. Mary L Landrieu Oppose | President State: LA | | | |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ | | | |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 43.30 | | | |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| | (c) TOTAL Independent Expenditures | | | | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| | CT11 | NM / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | Signature | | | | |
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| Schedule E) | | | | PAGE 106 OF 143 FOR SE OF FORM 24/48 | | | |
|---|--|-----------------------|----------------------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) | | | FEC ID | DENTIFICATION NUMBER ▼ | | | |
| Women Speak Out PAC C c00530766 | | | | | | | |
| Check if 24-hour report X 48-hour report | Check if 24-hour report X 48-hour report New report Amends report filed on | | | | | | |
| Full Name of Payee Zachary Vidrine | | | Date of Public | Distribution/Dissemination | | | |
| • | | | 07 | 30 / 2014 | | | |
| Mailing Address 202 Rue Des Cajun | | | Amount | | | | |
| City | State | Zip Code | | 35.10 | | | |
| Ville Platte | LA | 70586 | | D: e7b7f35b-4d88-4de9-9 | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M M 7 | 30 / 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 | | | |
| Ms. Mary L Landrieu | | X Oppose | | Senate State: LA | | | |
| Calendar Year-To-Date Per Election for Office Sought | , , | 79182.49 | Disbursement For: 2014 Other (sp | Primary ☐ General ecify) ► | | | |
| Full Name of Payee | | | Date of Public | c Distribution/Dissemination | | | |
| Lily Green | | | M M M / | 30 / 2014 | | | |
| Mailing Address 205 Medallion Circle | | | Amount | | | | |
| City | State | Zip Code | | 80.00 | | | |
| Shreveport | LA | 71119 | | D: a9d19e3d-d823-4fd8-a ursement or Obligation | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 | 30 / 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 | | | |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA | | | |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 79182.49 | Disbursement For: 2014 Other (sp | Primary X General Decify) ▶ | | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | s | | • | 115.10 | | | |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | · > | | | | |
| (c) TOTAL Independent Expenditures | | | • | 4 4 | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 08 / 01 | 2014 | | | |

| Sc | hedule E) | 511 51125 | | PAGE 107 OF 143 FOR SE OF FORM 24/48 |
|-----|--|-----------------------|---------------------------------|---|
| | ME OF COMMITTEE (In Full) | | FEC I | DENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | C | C00530766 |
| Che | ck if 24-hour report X 48-hour report New re | report Amends repo | ort filed on | / D D / Y Y Y Y Y |
| Т | Full Name of Payee | | Date of Publi | ic Distribution/Dissemination |
| | Lily Green | | M 07 | 30 / Y Y Y Y Y Y Y |
| | Mailing Address 205 Medallion Circle | | Amount | |
| ŀ | City State | Zip Code | | 16.20 |
| | Shreveport LA | 71119 | | ID: 2185eeda-8156-4cae-8 ursement or Obligation |
| | Purpose of Expenditure Mileage | Category/ Type 002 | 07 | 30 2014 |
| ı | Name of Federal Candidate | Support | Office Sought: | House District: 00 |
| | Ms. Mary L Landrieu | X Oppose | President | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | 79182.49 | Disbursement For: 2014 Other (s | Primary X General pecify) ▶ |
| Γ | Full Name of Payee | | Date of Publ | ic Distribution/Dissemination |
| 1 | Kenny Wallis | | 07 | 30 / 2014 |
| ľ | Mailing Address 6412 Osage Dr | | | |
| 1 | | | Amount | |
| ŀ | City State | Zip Code | | 45.00 |
| | North Little rock AR | 72116 | | D: ff2a7de0-bac7-4d97-a pursement or Obligation |
| | Purpose of Expenditure Salary | Category/ Type 001 | 07 | 30 / 2014 |
| ľ | Name of Federal Candidate | Support | Office Sought: | House District: 00 |
| | Mr. Mark L Pryor | Oppose | President | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 47295.88 | Disbursement For: 2014 Other (s | Primary X General pecify) ▶ |
| | | | | |
| (| a) SUBTOTAL of Itemized Independent Expenditures | | . • | 61.20 |
| (| b) SUBTOTAL of Unitemized Independent Expenditures | | • | 7 1 2 |
| (| c) TOTAL Independent Expenditures | | > | 7 |
| W | Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorizarty committee) any political party committee or its agent. | | | |
| | Ms. Emily Buchanan [Electr | ronically Filed] Date | e 08 01 | / Y Y Y Y Y 2014 |
| | Signature | | | |

| Sch | edule E) | EXI ENDI | 101120 | | PAGE 108 OF 143 FOR SE OF FORM 24/48 | |
|------|---|------------|--------------------------|--------------------|--|--|
| | JAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ | | | | | |
| VVC | omen Speak Out PAC | | | | C C00530766 | |
| Chec | Check if 24-hour report X 48-hour report New report Amends report filed on | | | | | |
| | Full Name of Payee | | | Date | e of Public Distribution/Dissemination | |
| | Kenny Wallis | | | | 07 30 7 2014 | |
| I | Mailing Address 6412 Osage Dr | | | Amo | ount | |
| | Dity | State | Zip Code | | 6.54 | |
| - 1 | North Little rock | AR | 72116 | | nsaction ID: 3f37f8ba-c6cd-4dbe-8 ee of Disbursement or Obligation | |
| | Purpose of Expenditure Mileage | | Category/ Type 002 | | 07 | |
| ١ | Name of Federal Candidate | | Support | Office Sou | ight: House District: 00 | |
| | Mr. Mark L Pryor | | X Oppose | | sident State: AR | |
| | Calendar Year-To-Date Per Election for Office Sought | | 47295.88 | Disburseme 2014 | nent For: | |
| | Full Name of Payee | | | Date | te of Public Distribution/Dissemination | |
| Т | Cory Bryson | | | | 07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| 1 | Mailing Address 216 Dogwood Ln | | | Ame | nount | |
| _ | Dity | State | Zip Code | | 60.00 | |
| - | Belmont | NC | 28012 | Tran | nsaction ID : f68782d9-1349-4322-a te of Disbursement or Obligation | |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | 07 | |
| 1 | Name of Federal Candidate | | Support | Office Sou | ıght: House District: 00 | |
| | Ms. Kay Hagan | | Oppose | Pres | sident Senate State: NC | |
| | Calendar Year-To-Date Per Election for Office Sought | , , , | 199725.07 | Disbursem 2014 | nent For: Primary General Other (specify) ▶ | |
| (a |) SUBTOTAL of Itemized Independent Expenditures | | | • [| 66.54 | |
| (b |) SUBTOTAL of Unitemized Independent Expenditur | res | | | | |
| (с |) TOTAL Independent Expenditures | | | • | | |
| wi | Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| | Ms. Emily Buchanan | [Fleetroni | ically Filed] Date | M M M | / D D / Y Y Y Y Y Y | |
| | Signature | LERCHORI | <i>cally Fileaj</i> Date | . 08 | 01 2014 | |
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| Schedule E) | LIVI EXI ENL | ATOTILO | PAGE 109 OF 143 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Cory Bryson | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 216 Dogwood Ln | | | Amount |
| City | State | Zip Code | 9.00 |
| Belmont | NC | 28012 | Transaction ID : 0eef1be4-cfb3-449a-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lisa Booth | | | 07 30 7 2014 |
| Mailing Address 1434 South Avenue | | | Amount |
| City | State | Zip Code | 85.00 |
| Eden | NC | 27288 | Transaction ID : b1e3771c-9206-485f-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | 94.00 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | |
| (b) CODICINE OF CHIROLINESS INSOPPLIAGING EXP | | | 4 |
| (c) TOTAL Independent Expenditures | | | • |
| | ndidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 |
| = | | | |

| , | | FOR SE OF FORM 24/48 |
|---|--|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Da | ate of Public Distribution/Dissemination |
| Lisa Booth | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1434 South Avenue | Ar | mount |
| City | tate Zip Code | 7.20 |
| | | ransaction ID: 40058c22-c8d2-4cd9-b ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 07 30 7 2014 |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Ms. Kay Hagan | Oppose Pre | esident State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disburser 2014 | ment For: |
| Full Name of Payee | D | ate of Public Distribution/Dissemination |
| Timothy Foley | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 20679 Glenbrook Terrace | Aı | mount |
| City | State Zip Code | 75.00 |
| | | ansaction ID: 7f82d341-542d-45ab-b ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 07 |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Ms. Kay Hagan | ∑ Oppose Pre | esident X Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 199725.07 Disburse 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | · · · | 82.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | s | |
| (c) TOTAL Independent Expenditures | · · · | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age | or authorized committee or agent of either, or | |
| Ms. Emily Buchanan | [Electronically Filed] Date 08 | 01 2014 |
| Signature | | |

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OF

| Schedule E) | JENT EXICITE | TI OTILO | PAGE 111 OF 143 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lee R Carter | | | 07 30 / 2014 |
| Mailing Address 3110 Brentwood Rd | | | Amount |
| City | State | Zip Code | 70.00 |
| Raleigh | NC | 27604 | Transaction ID : ffa05ad1-46ec-4deb-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 30 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lee R Carter | | | 07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3110 Brentwood Rd | | | Amount |
| City | State | Zip Code | 13.20 |
| Raleigh | NC | 27604 | Transaction ID : 7e3e1ab7-c45b-4351-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | 83.20 |
| //s) CURTOTAL of Unitersized Independent Fun | a an alikuwa a | | |
| (b) SUBTOTAL of Unitemized Independent Ex | penditures | | • |
| (c) TOTAL Independent Expenditures | | | > |
| | andidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| • | | | |

| | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | ate of Public Distribution/Dissemination |
| Christopher Marquess | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 110 W Pecan St | mount |
| City State Zip Code | 50.00 |
| Ville Platte LA 70586 Tr | ransaction ID: 0da0eada-44e7-4390-a late of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Sc | ought: House District: 00 |
| Ms. Mary L Landrieu Oppose Pre | esident State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disburse 2014 | ement For: Primary General |
| Full Name of Payee D | Other (specify) Other (specify) Other (specify) Other (specify) |
| Christopher Marquess | or Public Distribution/Disserningtion |
| Mailing Address 110 W Pecan St | Amount |
| City State Zip Code | 31.50 |
| | ansaction ID: 897882d4-667e-4600-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 / 30 / 2014 |
| Name of Federal Candidate Support Office So | ought: House District: 00 |
| Ms. Mary L Landrieu Oppose Pro | resident State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disburse 2014 | ement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 81.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | 01 2014 |
| Signature | السنسا الساء |

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OF

| Schedule E) | FENDITORES | PAGE 113 OF 143 FOR SE OF FORM 24/48 |
|--|-----------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends repor | t filed on Mam / Dad / Yayayay |
| Full Name of Payee Casey Stockton | | Date of Public Distribution/Dissemination |
| Mailing Address 105 South Dale St | | 07 30 2014 |
| | | Amount |
| City State | Zip Code | 60.00 |
| Spruce Pine NC | 28777 | Transaction ID: 151bd8ed-d51e-4e10-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Casey Stockton | | 07 30 / Y Y Y Y Y Y |
| Mailing Address 105 South Dale St | | Amount |
| City State | Zip Code | 20.10 |
| Spruce Pine NC | 28777 | Transaction ID: 5a79d4a5-60d1-4643-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 07 30 7 2014 |
| Name of Federal Candidate | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 199725.07 | Disbursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 80.10 |
| (a) CODIO INC. | | 00.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | · |
| (c) TOTAL Independent Expenditures | | • |
| Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent. | | |
| | [Electronically Filed] Date | 08 |
| Signature | | |

| Schedule E) | JENT EXILINE | TIONES | PAGE 114 OF 143 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Mary Johnson | | | 07 |
| Mailing Address 105 South Dale St | | | Amount |
| City | State | Zip Code | 60.00 |
| Spruce Pine | NC | 28777 | Transaction ID: b0cae413-9d49-4857-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 30 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 199725.07 | Disbursement For: Primary General Qu14 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Ms. Chassidy Menard | | | 07 30 7 2014 |
| Mailing Address 515 Walter Dr. | | | Amount |
| City | State | Zip Code | 20.00 |
| Lafayette | LA | 70507 | Transaction ID : d571c7cf-5c7f-4c0b-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | 80.00 |
| (I) OUDTOTAL (III II I I I I I I I I I I I I I I I | 150 | | |
| (b) SUBTOTAL of Unitemized Independent Ex | oenditures | | • |
| (c) TOTAL Independent Expenditures | | | > |
| | andidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| • | | | |

| Schedule E) | VI EXI END | TIONES | PAGE 115 OF 143 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New rep | port Amends repo | rt filed on |
| Full Name of Payee Ms. Chassidy Menard | | | Date of Public Distribution/Dissemination |
| Mailing Address 515 Walter Dr. | | | 07 30 2014 Amount |
| | | | |
| City | State LA | Zip Code 70507 | 6.60 Transaction ID : 04ec9cc5-6402-41db-8 |
| Lafayette | LA | 70507 | Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 / 30 / Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 79182.49 | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Warren Gravois | | | 07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 16005 7th St | | | Amount |
| City | State | Zip Code | 30.00 |
| Pearlington | MS | 39572 | Transaction ID: b2fe353e-b92b-4776-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 30 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 79182.49 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | 36.60 |
| , | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or it | date or authorize | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 7 2014 |
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|----|---|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | neck if 24-hour report X 48-hour report New report Amends report filed | I on M = M / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Warren Gravois | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 16005 7th St | Amount |
| | City State Zip Code | 2.55 |
| | Pearlington MS 39572 | Transaction ID : c4065ae2-ad83-4e87-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President State: LA |
| | 70400 40 | ursement For: Primary X General |
| | Per Election for Office Sought 79182.49 2014 | Other (specify) ▶ |
| | Full Name of Payee Tammay Williams | Date of Public Distribution/Dissemination |
| | Mailing Address 924 N. Prieur St | 07 30 2014 Amount |
| | | |
| | City State Zip Code | 75.00 |
| | New Orleans LA 70116 | Transaction ID: 802496f8-a879-40ae-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 / 30 / 2014 |
| | Name of Federal Candidate Support Offic | e Sought: House District: 00 |
| | | President State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary X General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 77.55 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | (77) | 08 01 2014 |
| | Signature | للنتا لنا ك |
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|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed | on Mam / Dad / Yayayay |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Tammay Williams | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 924 N. Prieur St | Amount |
| City State Zip Code | 13.20 |
| New Orleans LA 70116 | Transaction ID : aa608501-ed34-4c46-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 30 / 2014 |
| Name of Federal Candidate Support Office | e Sought: House District:00 |
| Ms. Mary L Landrieu Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary |
| Full Name of Payee | |
| Cassidy Quartararo | Date of Public Distribution/Dissemination 07 30 2014 |
| Mailing Address 632 Cameron Court | Amount |
| City State Zip Code | 40.00 |
| Kenner LA 70065 | Transaction ID : f188a23d-09f0-4da2-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| Ms. Mary L Landrieu Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbute 2014 | ursement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 53.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 01 2014 |
| Signature | |

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OF

| | | FOR SE OF FORM 24/48 |
|-------|--|--|
| | OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| vvon | nen Speak Out PAC | C C00530766 |
| Check | f 24-hour report X 48-hour report New report Amends report filed of | on M = M / D = D / Y = Y = Y |
| Ful | Name of Payee | Date of Public Distribution/Dissemination |
| | s. Tonya Boyd | 07 |
| Ma | ling Address 2357 Fancy Cap Rd | Amount |
| City | State Zip Code | 80.00 |
| | Airy NC 27030 | Transaction ID : 5cca21d2-c6d6-4baa-8 Date of Disbursement or Obligation |
| | pose of Expenditure lary Category/ Type 001 | 07 30 7 2014 |
| Nai | ne of Federal Candidate Support Office | Sought: House District:00 |
| Ms | Kay Hagan | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | sement For: Primary X General Other (specify) ▶ |
| Eu l | Name of Payee | |
| | s. Tonya Boyd | Date of Public Distribution/Dissemination 07 30 2014 |
| Ма | iling Address 2357 Fancy Cap Rd | Amount |
| Cit | State Zip Code | 22.74 |
| Mt | . Airy NC 27030 | Transaction ID : e877d7b3-c98c-4710-8 Date of Disbursement or Obligation |
| | pose of Expenditure leage Category/ Type 002 | 07 / 30 / 2014 |
| Na | me of Federal Candidate Support Office | Sought: House District: 00 |
| Ms | . Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbur 2014 | sement For: Primary |
| (a) | SUBTOTAL of Itemized Independent Expenditures | 102.74 |
| (b) : | SUBTOTAL of Unitemized Independent Expenditures | |
| (c) | TOTAL Independent Expenditures | |
| with, | er penalty of perjury I certify that the independent expenditures reported herein were not made or at the request or suggestion of, any candidate or authorized committee or agent of either, a committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 08 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| S | ignature | |

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| Schedule E) | VI EXPEND | TIONES | | PAGE 119 OF 143 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FFC II | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on | D = D / Y = Y = Y |
| Full Name of Payee Bradley K Kissinger | | | M = M | C Distribution/Dissemination |
| Mailing Address 3113 Imperial Valley Dr. | | | O7 Amount | 30 2014 |
| City | State | Zip Code | | 30.00 |
| Little Rock | AR | 72212 | | ID: 4f4f86ae-2868-43e2-bursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 | 30 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 7 | 47295.88 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee | | | Date of Publi | c Distribution/Dissemination |
| Bradley K Kissinger | | | 07 | 30 / 2014 |
| Mailing Address 3113 Imperial Valley Dr. | | | Amount | |
| City | State | Zip Code | | 4.80 |
| Little Rock | AR | 72212 | | D: a60b59c2-e513-45bc-b ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 | 30 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 47295.88 | Disbursement For: 2014 Other (sp | Primary X General Decify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | . • | 34.80 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | | |
| | | | | 7- 1 |
| (c) TOTAL Independent Expenditures | | | > | |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorize | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 / 01 | 2014 |
| - Jigilataro | | | | |

| Sc | hedule E) | | | | | PAGE 120 OF 143 FOR SE OF FORM 24/48 |
|-----|--|---------------------|------------|---|-----------|--|
| | ME OF COMMITTEE (In Full) | | | | | NTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | Сс | 00530766 |
| Che | eck if 24-hour report X 48-hour report New | v report Am | nends repo | ort filed on | - M / | D D / Y Y Y Y |
| T | Full Name of Payee Francis Richardson | | | Date (| of Public | Distribution/Dissemination |
| ŀ | Mailing Address 220 Doucet Rd | | | | 07 / | 30 / 2014 |
| | Z20 Doucet Rd | | | Amou | nt | |
| Ī | City State | Zip Code | | | 1 (0) | 35.00 |
| | Lafayette LA | 70503 | | | | : f41057f2-e8f6-4551-b sement or Obligation |
| | Purpose of Expenditure Salary | Category/ Type | 001 | IV | 07 / | 30 / 2014 |
| Ī | Name of Federal Candidate | | Support | Office Sough | t: | House District: 00 |
| | Ms. Mary L Landrieu | X | Oppose | Preside | ent X | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | 79182.49 | | Disbursemen 2014 O | t For: | Primary |
| ſ | Full Name of Payee | | | Date | of Public | Distribution/Dissemination |
| 1 | Francis Richardson | | | T. | 07 / | 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ľ | Mailing Address 220 Doucet Rd | | | | | |
| 1 | | | | Amou | nt | |
| ľ | City State | Zip Code | | | 1 (0) | 1.53 |
| | Lafayette LA | 70503 | | | | : 68c9bc0b-ca55-4acc-a sement or Obligation |
| | Purpose of Expenditure Mileage | Category/ Type | 002 | | 07 | 30 / 2014 |
| ľ | Name of Federal Candidate | | Support | Office Sough | t: | House District: 00 |
| | Ms. Mary L Landrieu | X | Oppose | Presid | ent X | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | 79182.4 | 9 | Disbursemer 2014 | t For: | Primary X General cify) ▶ |
| | | | | | | |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | | • • | 7 | 36.53 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | | . • | 7 | 7 |
| (| (c) TOTAL Independent Expenditures | | | • | - | |
| ٧ | Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent. | | | | | |
| | Ms. Emily Buchanan [Elec | ectronically Filed] | Date | M M / / / / / / / / / / / / / / / / / / | 01 | 2014 |
| | Signature | | | | | |

| | | | | FOR SE OF | FORM 24/48 |
|-------------|---|---------|--------|---------------------------------|----------------|
| | OF COMMITTEE (In Full) | F | EC II | DENTIFICATION | ON NUMBER ▼ |
| vvom | nen Speak Out PAC | | С | C00530766 | |
| Check it | f 24-hour report X 48-hour report New report Amends report filed on | n M | M | / D = D / | Y Y Y Y Y |
| | | Date of | Publi | ic Distribution | /Dissemination |
| | izabeth DeMaine | |)7 | / 30 / | 2014 |
| Mail | ling Address 75 Stephenson Ln | Amount | t | | |
| City | State Zip Code | | | | 20.00 |
| | eridan AR 72143 | | | ID: 6d15170 ursement or (| 1-ce0b-4806-9 |
| Purp Sal | pose of Expenditure | M | 07 | / 30 / | 2014 |
| Nan | ne of Federal Candidate Support Office S | Sought: | | House | District: 00 |
| Mr. | Mark I Pryor | resider | _ | X Senate | State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | | | Primary | General |
| <u></u> | Name of Power | | | pecify) | |
| | Name of Payee izabeth DeMaine | M | f Publ | lic Distribution | /Dissemination |
| Mai | ling Address 75 Stephenson Ln | Amoun | | 30 | 2014 |
| City | State Zip Code | | | | 14.10 |
| | eridan AR 72143 T | | | ID: adb09fcf- oursement or 0 | d7dd-49a1-b |
| | pose of Expenditure eage Category/ Type 002 | M |)7 | 30 | 2014 |
| Nar | ne of Federal Candidate Support Office S | Sought: | : [| House | District: 00 |
| Mr. | Mark L Pryor Oppose p | resider | nt [| Senate | State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | _ | | Primary pecify) ▶ | / X General |
| (a) S | SUBTOTAL of Itemized Independent Expenditures | - | | | 34.10 |
| (b) S | SUBTOTAL of Uniternized Independent Expenditures | | | | |
| (c) T | TOTAL Independent Expenditures | | | - 7 | |
| with, | r penalty of perjury I certify that the independent expenditures reported herein were not made or at the request or suggestion of, any candidate or authorized committee or agent of either, committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan [Electronically Filed] Date 08 | / | 01 | 201 | 4 |
| Si | gnature | 1 L | | | |

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OF

| , | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report | rt filed on |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Caleb Craig | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1410 Bushville drive | Amount |
| City State Zip Code | 80.00 |
| Lenoir NC 28645 | Transaction ID : c1f6c2ac-973b-47b2-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 |
| Name of Federal Candidate Support | Office Sought: House District:00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought 199725.07 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | |
| Caleb Craig | Date of Public Distribution/Dissemination 07 30 2014 |
| Mailing Address 1410 Bushville drive | Amount |
| City State Zip Code | 36.00 |
| Lenoir NC 28645 | Transaction ID: bd33f670-335e-4367-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 07 / 30 / 2014 |
| Name of Federal Candidate Support | Office Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 116.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | • |
| (c) TOTAL Independent Expenditures | > |
| Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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OF

| | include Ly | FOR SE OF FORM 24/48 |
|----|---|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | d on M = M / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Danielle Landry | 07 30 7 2014 |
| | Mailing Address 1089 Oleste Tauzin Road | Amount |
| | City State Zip Code | 40.00 |
| | Breaux Bridge LA 70517 | Transaction ID : 96fd7467-baa6-4a8f-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President State: LA |
| | Calendar Year-To-Date Per Election for Office Sought 79182.49 Disb | ursement For: Primary X General |
| | Per Liection for Office Sought | U Other (specify) ▶ |
| | Full Name of Payee Danielle Landry | Date of Public Distribution/Dissemination |
| | Mailing Address 1089 Oleste Tauzin Road | 07 30 2014 Amount |
| | City State Zip Code | 10.80 |
| | Breaux Bridge LA 70517 | Transaction ID : e8dde4ac-ccc4-424c-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disk 201- | oursement For: Primary General Other (specify) |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 50.80 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | (77) | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | |
| _ | | |

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OF

| | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends r | eport filed on M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Tabetha D Espenschied | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2002 East Park Ave Apt 40 | Amount |
| City State Zip Code | 60.00 |
| Searcy AR 72143 | Transaction ID : 59a2d1a2-4748-4c26-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 0 | 001 07 30 7 2014 |
| Name of Federal Candidate Suppor | t Office Sought: House District: 00 |
| Mr. Mark L Pryor Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 47295.88 | Disbursement For: Primary General 2014 Check (appeals) |
| Full Name of Page | Other (specify) |
| Full Name of Payee Taylor N Randall | Date of Public Distribution/Dissemination 07 30 2014 |
| Mailing Address 2002 E Park Ave | Amount |
| Apt 40 | |
| City State Zip Code | 60.00 |
| Searcy AR 72143 Purpose of Expenditure | Transaction ID: fd3f0bd5-6204-49a5-a Date of Disbursement or Obligation |
| | 01 07 30 7 2014 |
| Name of Federal Candidate Suppor | t Office Sought: House District: 00 |
| Mr. Mark L Pryor Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 47295.88 | Disbursement For: Primary General 2014 Gther (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 120.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] | Date 08 01 2014 |
| Signature | 50 51 2014 |

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OF

| | | FOR SE OF FORM 24/48 |
|-----|--|---|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷V | omen Speak Out PAC | C C00530766 |
| Che | ck if 24-hour report X 48-hour report New report Amends report filed | on Mam / Dab / Yayayay |
| Т | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Taylor N Randall | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 2002 E Park Ave | Amount |
| | Apt 40 | |
| | City State Zip Code Searcy AR 72143 | 26.85 Transaction ID: 2fb7c561-8f08-40e2-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 7 30 7 2014 |
| ŀ | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President State: AR State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | sement For: |
| | Full Name of Payee Evelyn Lesaicherre Mailing Address 629 Radiance Ave | Date of Public Distribution/Dissemination M 07 / 30 / Y 2014 |
| ١ | | Amount |
| ľ | City State Zip Code | 70.00 |
| | | Transaction ID : cdc92a02-19b3-419d-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rsement For: Primary General Other (specify) |
| (| a) SUBTOTAL of Itemized Independent Expenditures | 96.85 |
| (| b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| c) TOTAL Independent Expenditures | 7 7 7 |
| W | Inder penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date Signature | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Oignaturo | |

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OF

| Schedule E) | JEINI EXI EIN | JII OI LO | PAGE 126 OF 143 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee Evelyn Lesaicherre | | | Date of Public Distribution/Dissemination |
| Mailing Address 629 Radiance Ave | | | 07 30 2014 |
| | | | Amount |
| City | State | Zip Code | 5.40 |
| Metairie | LA | 70001 | Transaction ID: 9a1be2bc-da37-4a7e-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Christine Stevens | | | 07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury Ct | | | Amount |
| City | State | Zip Code | 70.00 |
| Winchester | VA | 22602 | Transaction ID : df5dc8e6-15a7-4cba-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | 75.40 |
| (b) SUBTOTAL of Uniternized Independent Ex | oonditures | | |
| (b) SOBTOTAL OF OTHER MIZE OF THE PROPERTY LAND | perialitares | | |
| (c) TOTAL Independent Expenditures | | | • |
| | andidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | |

| Schedule E) | LIVI EXI LIVE | TI OTILO | PAGE 127 OF 143 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jeremy Hollar | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 121 Meadowview Drive | | | Amount |
| City | State | Zip Code | 50.00 |
| Boone | NC | 28607 | Transaction ID: dacd9d99-880e-4060-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 199725.07 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jeremy Hollar | | | 07 30 / Y Y Y Y Y Y Y |
| Mailing Address 121 Meadowview Drive | | | Amount |
| City | State | Zip Code | 36.00 |
| Boone | NC | 28607 | Transaction ID : 3644c485-ca3b-4bf4-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary X General 2014 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | 86.00 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | |
| | | | 7 7 |
| (c) TOTAL Independent Expenditures | | | > |
| | ndidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 |
| | | | |

| Schedule E) | EXPEND | TUNES | | PAGE 128 OF 143 FOR SE OF FORM 24/48 |
|--|-----------------|-----------------------|-------------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New repo | ort Amends repo | | M / D D / Y B Y B Y |
| Full Name of Payee | | | Date o | f Public Distribution/Dissemination |
| Tarrin Lesaicherre | | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 629 Radiance Ave | | | Amour | nt |
| City | State | Zip Code | | 70.00 |
| Metairie | LA | 70001 | | action ID : fe01d0ea-e8c5-4520-a f Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 07 30 / ¥ ¥ ¥ ¥ ¥ ¥ ¥ |
| Name of Federal Candidate | | Support | Office Sought | : House District:00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | nt Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 79182.49 | Disbursement 2014 Ot | For: Primary X General her (specify) ▶ |
| Full Name of Payee | | | Date o | f Public Distribution/Dissemination |
| Tarrin Lesaicherre | | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 629 Radiance Ave | | | Amour | nt |
| City | State | Zip Code | — I | 5.10 |
| Metairie | LA | 70001 | | ction ID : c4f29191-0997-4546-b of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M | 07 30 / Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | nt Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 79182.49 | Disbursement 2014 Of | For: Primary X General |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | 75.10 |
| | | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | res | | • | 7 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a | e or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 08 | 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| Schedule E) | PAGE 129 OF 143 FOR SE OF FORM 24/48 |
|--|---|
| AME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| | M = M / D = D / Y = Y = Y |
| theck if 24-hour report 48-hour report New report Amends report filed | on |
| Full Name of Payee Jon E Conner | Date of Public Distribution/Dissemination |
| Mailing Address 100 Asbury Ct | 07 30 2014 |
| Mailing Fledices 100 Asbury Ct | Amount |
| City State Zip Code | 40.00 |
| Winchester VA 22602 | Transaction ID: 69d41239-0b2e-4ccf-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 / 30 / 2014 |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Michael Vidrine | 07 30 / Y Y Y Y Y Y Y |
| Mailing Address 1103 West Wilson Street | Amount |
| City State Zip Code | 60.00 |
| - 1 1000 | Transaction ID: 473b1591-8dac-4f60-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | M 07 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Sought: House District: 00 |
| Ms. Mary L Landrieu Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rsement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 100.00 |
| (a) COBTOTAL OF NOTIZED INDEPENDENT EXPENDITURES | 100.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 7 7 |
| (c) TOTAL Independent Expenditures | 1141414 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date Of | |

| Schedule E) | | 01120 | | PAGE 130 OF 143 FOR SE OF FORM 24/48 |
|---|-----------------|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | [| C C00530766 |
| Check if 24-hour report X 48-hour report | New report | Amends repor | t filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Michael Vidrine | | | M | |
| Mailing Address 1103 West Wilson Street | | | Amount | 7 30 2014 |
| City Sta | ato 7i | ip Code | | 27.30 |
| Ville Platte | | 0586 | | ction ID : b7c757fc-845e-4703-a Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 0 | 77 30 7 2014 |
| Name of Federal Candidate | ı | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presiden | |
| Calendar Year-To-Date Per Election for Office Sought | 79 | 0182.49 | Disbursement 2014 Oth | For: Primary |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Rodney O Culbreath | | | | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury Ct | | | Amount | 1 |
| City | ate Z | ip Code | | 80.00 |
| Winchester | /A 2 | 22602 | | tion ID : 20c841b1-bf60-43c9-b Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 7 30 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | Presiden | |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement 2014 Oth | For: Primary X General ner (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | • [] | 107.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures. | | | · . | |
| (c) TOTAL Independent Expenditures | | | · | 4 1 4 1 4 |
| Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent | r authorized co | | | |
| Ms. Emily Buchanan Signature | [Electronica | ally Filed] Date | 08 | 01 / 2014 |

| Schedule E) | PAGE 131 OF 143 FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report fi | led on M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Rze Culbreath | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury Ct | Amount |
| City State Zip Code | 70.00 |
| Winchester VA 22602 | Transaction ID: 903c9724-bb79-47dd-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Of | ffice Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Galorida Todi To Bato | sbursement For: |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Rodney D Culbreth | 07 30 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury CT | Amount |
| 3200 Dam Neck Rd | Allouit |
| City State Zip Code | 70.00 |
| Winchester VA 22602 | Transaction ID: 26e2168e-03ba-4441-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 30 / 2014 |
| Name of Federal Candidate Support O | ffice Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC |
| | isbursement For: Primary General O14 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 140.00 |
| (-, | 7 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan | M = M / D = D / Y = Y = Y |
| [Electronically Filed] Date | 08 01 2014 |
| | |

| Schedule E) | | | | PAGE 132 OF 143 FOR SE OF FORM 24/48 |
|---|--------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Petrina Williams | | | M = M / | Distribution/Dissemination |
| Mailing Address 3007 Darden Rd | | | Amount | 30 2014 |
| City | State | Zip Code | | 100.00 |
| Greensboro | NC | 27407 | | D: 212ec720-1d5b-4f1a-9 rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / | 30 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 1 7 | 199725.07 | Disbursement For: 2014 Other (spe | Primary X General ecify) ▶ |
| Full Name of Payee Petrina Williams | _ | | M = M / | Distribution/Dissemination |
| Mailing Address 3007 Darden Rd | | | Amount | 30 2014 |
| City | State | Zip Code | | 22.50 |
| Greensboro | NC | 27407 | | : 9623cfe7-a1ed-4a6f-a rsement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 07 / | 30 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | President > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 199725.07 | Disbursement For: 2014 Other (sp | Primary X General ecify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | • | 122.50 |
| (b) SUBTOTAL of Unitemized Independent Expendent | itures | | • | |
| (c) TOTAL Independent Expenditures | | | > | 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its | late or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 / 01 | 2014 |

| | <i>-</i> / | FOR SE OF FORM 24/48 |
|--------------------|---|--|
| | COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| vvomen | Speak Out PAC | C C00530766 |
| Check if | 24-hour report X 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y |
| | ne of Payee | Date of Public Distribution/Dissemination |
| | esa Burkhart | 07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing / | Address 3126 Chester Ct | Amount |
| City | State Zip Code | 40.00 |
| Metairie | LA 70006 | Transaction ID: 131cde34-c77d-432e-8 Date of Disbursement or Obligation |
| Purpose Salary | of Expenditure Category/ Type 001 | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of | f Federal Candidate Support Office | Sought: House District: 00 |
| Ms. Mai | ry L Landrieu Oppose | President Senate State: LA |
| | endar Year-To-Date Election for Office Sought Disbut 2014 | rsement For: Primary |
| | ne of Payee esa Burkhart Address 3126 Chester Ct | Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | 3.96 |
| Metairie | | Transaction ID : a7c82215-b692-496f-8 Date of Disbursement or Obligation |
| Purpose Mileage | of Expenditure Category/ Type 002 | 07 30 2014 |
| Name o | f Federal Candidate Support Office | Sought: House District: 00 |
| Ms. Mai | ry L Landrieu Oppose | President Senate State: LA |
| | Pendar Year-To-Date Proceeding Telection for Office Sought Disbut 2014 | rsement For: Primary |
| (a) SUBT | TOTAL of Itemized Independent Expenditures | 43.96 |
| (b) SUBT | TOTAL of Unitemized Independent Expenditures | 1 1 2 1 1 2 1 1 2 |
| (c) TOTA | L Independent Expenditures | |
| with, or a | nalty of perjury I certify that the independent expenditures reported herein were not mat the request or suggestion of, any candidate or authorized committee or agent of either amittee) any political party committee or its agent. | |
| 0: | Ms. Emily Buchanan [Electronically Filed] Date | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signat | ure | |

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| · · · · · · · · · · · · · · · · · · | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on Amends report |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Solveig Lysne | 07 30 / Y Y Y Y Y Y |
| Mailing Address 7121 Oyster Lane | Amount |
| City State | Zip Code 24.60 |
| Wilmington | 28411 Transaction ID : 5f22662f-9740-48e2-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 07 07 30 7 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane | Date of Public Distribution/Dissemination 07 |
| City State | Zip Code 4.29 |
| Wilmington | 28411 Transaction ID: e5d4e7b6-0504-4f1c-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 07 / 30 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 28.89 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | • |
| (c) TOTAL Independent Expenditures | ······································ |
| | enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political |
| | [Electronically Filed] Date 08 01 2014 |
| Signature | |

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OF

| Schedule E) | INT EXI ENL | JII OI LE | PAGE 135 OF 143 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| ERIC TABARY | | | 07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 6101 NORA ST | | | Amount |
| City | State | Zip Code | 60.00 |
| METAIRIE | LA | 70003 | Transaction ID: 1022c576-9492-4a58-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 79182.49 | Disbursement For: Primary General |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| ERIC TABARY | | | 07 30 7 2014 |
| Mailing Address 6101 NORA ST | | | Amount |
| City | State | Zip Code | 0.90 |
| METAIRIE | LA | 70003 | Transaction ID : 13c2d1fb-9200-4183-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 30 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | -,, | 79182.49 | Disbursement For: Primary General 2014 Gther (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | . ▶ 60.90 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | |
| (-, | | | 4 4 |
| (c) TOTAL Independent Expenditures | | | |
| | didate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 9 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | | |

| Schedule | E) | T EXI EILD | 101120 | | PAGE 136 OF 143 FOR SE OF FORM 24/48 |
|--------------------|--|-------------------|-----------------------|-----------------------|---|
| | OMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women | Speak Out PAC | | | | C C00530766 |
| Check if | 24-hour report X 48-hour report | New repo | ort Amends repo | ort filed on | = M / D = D / Y = Y = Y |
| | | Z non lop. | | | |
| Chris | e of Payee McCoy | | | | of Public Distribution/Dissemination |
| Mailing A | ddress 1025 Cayley Ct | | | Amou | nt |
| City | | State | Zip Code | | 37.50 |
| High Poi | int | NC | 27260 | | action ID : 3539b228-af79-4d93-8 of Disbursement or Obligation |
| Purpose Salary | of Expenditure | | Category/ Type 001 | М | 07 30 / 2014 |
| Name of | Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Kay | Hagan | | X Oppose | Preside | |
| | endar Year-To-Date Election for Office Sought | 1 | 99725.07 | Disbursement 2014 O | t For: |
| | ne of Payee | | | Date of | of Public Distribution/Dissemination |
| Chris | McCoy | | | I M | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing A | Address 1025 Cayley Ct | | | | 01 00 2011 |
| | • • | | | Amou | nt |
| City | | State | Zip Code | | 16.50 |
| High Po | | NC | 27260 | | ction ID: b598cb67-2c92-4a35-8 of Disbursement or Obligation |
| Purpose Mileage | of Expenditure | | Category/ Type 002 | M | 07 |
| Name of | Federal Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Kay | Hagan | | X Oppose | Preside | ent Senate State: NC |
| | endar Year-To-Date Election for Office Sought | , , , | 199725.07 | Disbursemen 2014 O | t For: |
| | | | | | |
| (a) SUBT | OTAL of Itemized Independent Expenditure | es | | • | 54.00 |
| (b) SUBT | OTAL of Unitemized Independent Expendi | tures | | • | 7 1 7 1 7 |
| (c) TOTAI | L Independent Expenditures | | | • | 7 1 7 1 7 |
| with, or at | nalty of perjury I certify that the independent the request or suggestion of, any candida mittee) any political party committee or its | ate or authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | M M M / | 01 2014 |
| Signatu | ure | | _ | | |

| | include Ly | FOR SE OF FORM 24/48 |
|----|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Danielle McCoy | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 1025 Cayley Ct | Amount |
| | City State Zip Code | 27.50 |
| | High Point NC 27260 | Transaction ID : 24558956-6af6-4ffe-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut | |
| | Total Elocation Total College | Other (specify) |
| | Full Name of Payee Danielle McCoy | Date of Public Distribution/Dissemination |
| | Mailing Address 1025 Cayley Ct | 07 30 2014 Amount |
| | City State Zip Code | 13.80 |
| | High Point NC 27260 | Transaction ID : 6a95c56c-cca0-4121-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 07 30 / Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbrace 2014 | ursement For: Primary X General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 41.30 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | CT71 | NM / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | للنتا لنا ك |
| | | |

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OF

| Schedule E) | INT EXTEND | TIONES | PAGE 138 OF 143 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New rep | port Amends repo | rt filed on |
| Full Name of Payee Laura U Logie | | | Date of Public Distribution/Dissemination |
| Mailing Address 2565 Shire Circle | | | 07 30 2014 |
| | | | Amount |
| City | State | Zip Code | 20.00 |
| Harrisonburg | VA | 22801 | Transaction ID: a86b5707-9bd6-49be-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / 30 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | -, -, | 199725.07 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | <u> </u> | | Date of Public Distribution/Dissemination |
| Serena A Jones | | | 07 30 7 2014 |
| Mailing Address 7151 Mullins Drive | | | Amount |
| City | State | Zip Code | 90.00 |
| Saltville | VA | 24370 | Transaction ID : 7b291780-c116-4d74-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 30 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: ☐ Primary ☐ General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | . ▶ 110.00 |
| (b) CURTOTAL of Unitermined Independent Evene | n ditura a | | |
| (b) SUBTOTAL of Unitemized Independent Expe | naitures | | |
| (c) TOTAL Independent Expenditures | | | • |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - 3 | | | |

| Schedule E) | LIVI EXI EIVE | TI ONLO | PAGE 139 OF 143 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Serena A Jones | | | 07 30 / 2014 |
| Mailing Address 7151 Mullins Drive | | | Amount |
| City | State | Zip Code | 27.30 |
| Saltville | VA | 24370 | Transaction ID : d2517cf4-9014-4179-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 07 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Joesph P Pthierfelder | | | 07 30 7 2014 |
| Mailing Address 2411 Armstrong | | | Amount |
| City | State | Zip Code | 80.00 |
| Gastonia | NC | 28054 | Transaction ID : 7627ed8f-671a-4aa4-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 07 / 30 / Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 199725.07 | Disbursement For: Primary General General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | 107.30 |
| (1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • |
| (c) TOTAL Independent Expenditures | | | > |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5.g | | | |

| , | | | | | | | FOR SE OF | FORM 24/48 |
|--|---|-----------------|-------------------|-----------|-------------------|----------|---------------------------------|-------------------------------|
| NAME OF COMMITTEE | | | | | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| Women Speak O | UL PAC | | | | | С | C00530766 | |
| Check if 24-hour rep | ort X 48-hour report | New repo | ort Am | ends repo | rt filed on | M = M | / D D / | Y = Y = Y |
| Full Name of Payee Joesph P Pthic | erfelder | | | | Date | e of Pub | lic Distribution/ | Dissemination |
| · | | | | | | 07 | 30 | 2014 |
| Mailing Address 2412 | l Armstrong | | | | Amo | ount | | |
| City | | State | Zip Code | | | | | 12.00 |
| Gastonia | | NC | 28054 | | | | ID: a909e8aa oursement or C | |
| Purpose of Expenditu Mileage | re | | Category/ Type | 002 | | M M M | 30 | 2014 |
| Name of Federal Can | didate | | | Support | Office Sou | ght: | House | District: 00 |
| Ms. Kay Hagan | | | X | Oppose | Pres | ident | X Senate | State: NC |
| Calendar Year-To Per Election for | | 1! | 99725.07 | | Disbursem 2014 | | Primary specify) ▶ | X General |
| Full Name of Payee Rze Culbreath Mailing Address 10 | 00 Asbury Ct | | | | | | plic Distribution/ | Dissemination Y Y Y Y Y 2014 |
| City | | State | Zip Code | | | | | 60.00 |
| Winchester | | VA | 22602 | | | | ID: 868b68e6- bursement or C | |
| Purpose of Expenditu Salary | re | | Category/ Type | 001 | | M 07 | 24 | 2014 |
| Name of Federal Car | ndidate | | | Support | Office Sou | ght: | House | District:00 |
| Ms. Kay Hagan | | | X | Oppose | Pres | ident | Senate | State: NC |
| Calendar Year-To Per Election for | | , , , | 199725.0 | 7 | Disbursem 2014 | | Primary | General |
| (a) SUBTOTAL of Item | nized Independent Expenditures | i | | | • | - | 1 1 7 | 72.00 |
| (b) SUBTOTAL of Unit | temized Independent Expenditu | res | | | • | | 7 | |
| (c) TOTAL Independen | nt Expenditures | | | | · • [| | 4 | |
| with, or at the request | ry I certify that the independen or suggestion of, any candidate political party committee or its a | e or authorized | | | | | | |
| Ms. Emily | Buchanan | [Electroni | cally Filed] | Date | M M M | 01 | 201 | |
| Signature | | | | | | | | |

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OF

| | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee Date | te of Public Distribution/Dissemination |
| Rodney O Culbreath | 07 25 / 2014 |
| Mailing Address 100 Asbury Ct | nount |
| City State Zip Code | 80.00 |
| Winchester VA 22602 Tra | Insaction ID: d0209543-a947-433d-8 te of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Sou | ught: House District: 00 |
| Me Kay Hagan | sident State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | |
| Full Name of Payee Dat | Other (specify) |
| Rodney O Culbreath | te of Public Distribution/Dissemination 07 24 2014 |
| Mailing Address 100 Asbury Ct | oount 24 2014 |
| City State Zip Code | 80.00 |
| | nsaction ID: a7cd8206-1790-4189-b te of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 / 24 / 2014 |
| Name of Federal Candidate Support Office Sou | ught: House District: 00 |
| Ms. Kay Hagan Oppose Pres | |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | nent For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 160.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | / D D / Y Y Y Y Y Y Y 2014 |
| Signature | |

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| oriculae Ly | FOR SE OF FORM 24/48 |
|--|--|
| IAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | ate of Public Distribution/Dissemination |
| Pound, Feinstein & Associates | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 5614 Connecticut Ave, NW Ste 270 | mount |
| City State Zip Code | 6612.50 |
| * * * * * * * * * * * * * * * * * * * | ransaction ID : 2a250656-7c68-46dc-9 ate of Disbursement or Obligation |
| Purpose of Expenditure Doorhangers Category/ Type 004 | 07 30 / 2014 |
| Name of Federal Candidate Support Office So | ought: House District: 00 |
| Mr. Mark I. Pryor | esident X Senate State: AR |
| 47005.00 | ment For: Primary X General |
| Per Election for Office Sought 47295.88 2014 | Other (specify) ▶ |
| Full Name of Payee Morgan R Padgett | ate of Public Distribution/Dissemination |
| Mailing Address 2164 Kay Rd Ar | 07 30 2014 mount |
| City State Zip Code | 15.00 |
| Greenville NC 27858 Tra | ansaction ID : 95285961-ba7c-4645-9 ate of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 07 / 30 / Y 2014 |
| Name of Federal Candidate Support Office So | ought: House District: 00 |
| | esident X Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disburser 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 6627.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 7 7 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 08 | 01 2014 |
| Signature | |

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OF

| | | FOR SE OF FORM 24/48 |
|---|---------------------------------------|---|
| NAME OF COMMITTEE (In Full) | · · · · · · · · · · · · · · · · · · · | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report New report | ort Amends report filed | on M M / D D / Y Y Y Y Y Y |
| Full Name of Payee Morgan R Padgett | | Date of Public Distribution/Dissemination |
| | | 07 30 2014 |
| Mailing Address 2164 Kay Rd | | Amount |
| City State | Zip Code | 5.40 |
| Greenville NC | 27858 | Transaction ID: 588a61b7-2683-498c-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 07 30 / Y 2014 |
| Name of Federal Candidate | Support Office | e Sought: House District: 00 |
| Ms. Kay Hagan | Oppose | President State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought | 99725.07 Disbu 2014 | ursement For: Primary |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Mailing Address | | Amount |
| City State | Zip Code | |
| | | Date of Disbursement or Obligation |
| Purpose of Expenditure | Category/ Type | M = M / D = D / Y = Y = Y |
| Name of Federal Candidate | Support Office | e Sought: House District: |
| | Oppose | President Senate State: |
| Calendar Year-To-Date Per Election for Office Sought | Disbu | ursement For: Primary General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 5.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ···· | |
| (c) TOTAL Independent Expenditures | ······ | 22877.50 |
| Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent. | | |
| | ically Filed] Date 0 | 01 / 2014 |
| Signature | | |

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OF